

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 705718 (5)
 1. Corporation Name
CHURCH OF THE EPIPHANY, INC.



Principal Place of Business 2507 DEL PRADO BLVD. CAPE CORAL FL 33904	Mailing Address 2507 DEL PRADO BLVD. CAPE CORAL FL 33904
--	--

3. Date Incorporated or Qualified
06/04/1963

4. FEI Number 59-1381140	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21	2a. Mailing Address 26 2507 DEL PRADO BLVD S
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**MCGINNIS, JOHN M. JR.
 1102 S.E. 14TH TERRACE
 CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, GEORGE S.	1.2 NAME	
STREET ADDRESS	434 TUDOR DR, #2-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARBUTTON, ROBERT	2.2 NAME	
STREET ADDRESS	3118 SE 17TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, WILLIAM	3.2 NAME	
STREET ADDRESS	603 PLAZA DEL SOL	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTON, MARTHE	4.2 NAME	
STREET ADDRESS	2554 SW 38TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, JOHN M. J	5.2 NAME	
STREET ADDRESS	1102 S.E. 14TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKE, ROBERT E	6.2 NAME	Swenson, Christopher
STREET ADDRESS	18470 SADDLEBROOK CT	6.3 STREET ADDRESS	1303 SE 20th Court
CITY-ST-ZIP	N FT. MYERS FL	6.4 CITY-ST-ZIP	Cape Coral, FL 33990

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George S. Stout **33-98** **941-574-3200**

CFR2037 (10/97)