

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

2-20-96 8-1365-C

DOCUMENT # **707363** (8)

1. Corporation Name
ST ALFRED'S CHURCH, INC.



Principal Place of Business: 1601 CURLEW RD. PALM HARBOR FL 34683
Mailing Address: 1601 CURLEW RD. PALM HARBOR FL 34683

3. Date Incorporated or Qualified: **05/28/1964**
3a. Date of Last Report: **03/20/1995**

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

4. FEI Number: **59-1146812**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SHOAFF, MARJORIE
1529 ROSEWOOD STREET
CLEARWATER FL 34615**

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: *Marjorie H. Shoaff* **Marjorie H. Shoaff** **2/13/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOAFF, MARJORIE	1.2 NAME	
STREET ADDRESS	1529 ROSEWOOD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, TRUMAN	2.2 NAME	FILBEY, ROBERT
STREET ADDRESS	PO BOX 491 NA	2.3 STREET ADDRESS	2389 Mangrum Drive
CITY - ST - ZIP	OZONA FL	2.4 CITY - ST - ZIP	Dunedin, FL 34698
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPP, JAN	3.2 NAME	
STREET ADDRESS	3565 OAK LAKE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, WILLIAM	4.2 NAME	
STREET ADDRESS	1079 HUNTERS PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **William H. Holbrook** *William H. Holbrook* **2/14/96** **813-785-1601**
Signature and typed or printed name of signing officer or director Date Day/Time Phone #

CR2E037 (12/95)