


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/28/1964	
4. FEI Number 59-1146812	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MITCHELL, DEE
2001 MADEIRA AVE.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name Hicks, Robert	
82 Street Address (P.O. Box Number is Not Acceptable) 2857 Chancery Lane	
83	
84 City Clearwater	85 Zip Code FL 33759

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: *[Signature]* DATE: **3/9/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME MITCHELL, DEE	
STREET ADDRESS 2001 MADEIRA AVE.	
CITY-ST-ZIP DUNEDIN FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME FILBREY, ROBERT	
STREET ADDRESS 2389 MANGRUM DRIVE	
CITY-ST-ZIP DUNEDIN FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KIPP, JAN	
STREET ADDRESS 3565 OAK LAKE DR	
CITY-ST-ZIP PALM HARBOR FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME HOLBROOK, WILLIAM	
STREET ADDRESS 1079 HUNTERS PLACE	
CITY-ST-ZIP OLDSMAR FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Hicks, Robert	
1.3 STREET ADDRESS 2857 Chancery Lane	
1.4 CITY-ST-ZIP Clearwater, FL 33759	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Grab, Maureen	
2.3 STREET ADDRESS 1065 Mineola Circle	
2.4 CITY-ST-ZIP Palm Harbor, FL 34683	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Charles Brenchley	
3.3 STREET ADDRESS 593 N. Bayshore Drive	
3.4 CITY-ST-ZIP Safety Harbor, FL 34695	
4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Vaughn, Edward	
4.3 STREET ADDRESS 2825 Valencia Lane W.	
4.4 CITY-ST-ZIP Palm Harbor, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: **3/9/97** **813 1669-2857**

CR2E037 (10/97)