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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707363
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/28/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1146812 - Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HICKS, ROBERT 2857 CHANCERY LANE CLEARWATER FL 33759		81 Name	VAUGHN, EDWARD
		82 Street Address (P.O. Box Number is Not Acceptable)	2825 Valencia Lane W
		83	
		84 City	Palm Harbor FL 85 Zip Code 34684

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 **EDWARD VAUGHN, Treasurer**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *Edward Vaughn, Jr.* 2-25-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, ROBERT	1.2 NAME	COX, CYNTHIA
STREET ADDRESS	2857 CHANCERY LANE	1.3 STREET ADDRESS	PO Box 491
CITY-ST-ZIP	CLEARWATER FL 33759	1.4 CITY-ST-ZIP	Ozona, FL 34660-0491
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAB, MAUREEN	2.2 NAME	STAHLHUT, RONALD
STREET ADDRESS	1065 MINEOLA CIRCLE	2.3 STREET ADDRESS	1207 Overcash Drive
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	Dunedin, FL 34698-4802
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENCHLEY, CHARLES	3.2 NAME	
STREET ADDRESS	593 N. BAYSHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, EDWARD	4.2 NAME	
STREET ADDRESS	2825 VALENCIA LANE W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **SIGNATURE RE** *Edward Vaughn, Jr.* 2-25-99 (727) 785-1601
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)