FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725811** **(4)**

1. Corporation Name

HOLY CHILD EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
1225 GRANADA BLVD. S.R. 40 ORMOND BEACH FL 32174	1225 GRANADA BLVD. S.R. 40 ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1973
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2391056 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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)

9. Name and Address of Current Registered Agent

MAHER, JOSEPH A.
80 BLUEBIRD LANE
ORMOND BEACH FL 32174

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	S ☒ Change ☐ Addition
NAME	SKOLSKI, MARK D.	12 NAME	Dillard, Regina
STREET ADDRESS	171 WILLOW RUN	13 STREET ADDRESS	846 Quail Run
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	Ormond Beach,Fl. 32174
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	KIRBY, MARK E.	22 NAME	Bryant, Walter
STREET ADDRESS	1324 OVERBROOK DR	23 STREET ADDRESS	2327 Bonnie View Dr.
CITY-ST-ZIP	ORMOND BEACH FL	24 CITY-ST-ZIP	Ormond Beach, Fl. 32176
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MAHER, JOSEPH A.	32 NAME	
STREET ADDRESS	80 BLUEBIRD LANE	33 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 0	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	KIRBY, CINDY A.	42 NAME	Seely, Herb
STREET ADDRESS	1324 OVERBROOK DRIVE	43 STREET ADDRESS	283 Fir St.
CITY-ST-ZIP	ORMOND BEACH FL	44 CITY-ST-ZIP	Ormond Beach, Fl. 32174
TITLE	VD	51 TITLE	VD ☒ Change ☐ Addition
NAME	DAVIS, JOHN A.	52 NAME	Murray, Dan
STREET ADDRESS	3 ROLLINGWOOD TR.	53 STREET ADDRESS	58 Mayfield Terrace
CITY-ST-ZIP	ORMOND BEACH FL	54 CITY-ST-ZIP	Ormond Beach, Fl. 32174
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Robert M. Sealy 2/13/95 672-4470
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0024344