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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32174-5914

3. Date Incorporated or Qualified: 03/14/1973
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 _____ 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	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	DILLARD, REGINA		1.2 NAME	BARBARA BLAIR	
STREET ADDRESS	846 QUAIL RUN		1.3 STREET ADDRESS	1209 LAKE FOREST DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BRYANT, WALTER		2.2 NAME	TONY LENOX	
STREET ADDRESS	2327 BONNIE VIEW DRIVE		2.3 STREET ADDRESS	45 KOALA BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	PD	☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	MAHER, JOSEPH A.		3.2 NAME	JUNE DALL	
STREET ADDRESS	80 BLUEBIRD LANE		3.3 STREET ADDRESS	160 RODEO ROAD	
CITY-ST-ZIP	ORMOND BEACH, FL 0		3.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	T	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	SEELY, HERB		4.2 NAME	JAMES FITZPATRICK	
STREET ADDRESS	283 FIR STREET		4.3 STREET ADDRESS	45 WINDING CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, DAN		5.2 NAME		
STREET ADDRESS	58 MAYFIELD TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: June L. Dall REQUIRED 2/7/97 904-672-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0003314