FILE NOW: FILING FEE IS $61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90049 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725811**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/14/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2391056 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FITZPATRICK, JAMES M
45 WINDING CREEK WAY
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: G. Comforted Keen
82 Street Address (P.O. Box Number is Not Acceptable): 1209 Parkside Dr.
83: Ormond Beach, Fl. 32174
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 G. Comforted Keen G. COMFORTED KEEN REV. DATE 3/12/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S TASSEFF, DAN 61 CARRIAGE CREEK WAY ORMOND BEACH FL 32174	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S Clements, Jo Ann 791 River Oaks West Ormond Beach, Fl 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LENOX, TONY 45 KOALA BEAR PATH ORMOND BEACH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DALL, JUNE 160 RODEO RD ORMOND BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FITZPATRICK, JAMES 45 WINDING CREEK WAY ORMOND BEACH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD Lohmann, Richard 1 Holly Circle Ormond Beach, Fl 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD Hearn, Eleanor 1110 Northside Dr. Ormond Beach, Fl 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: June L. Dall SIGNATURE REQUIRED June L. Dall, Treas. 3/16/99 672-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)