FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **733864** **(3)**

1. Corporation Name

ST. COLUMBA'S EPISCOPAL CHURCH

Principal Place of Business	Mailing Address
450-52ND ST., GULF MARATHON FL 33050	~~450-52ND ST. GULF~~ ~~MARATHON FL 33050~~

3. Date Incorporated or Qualified: 09/19/1975
3a. Date of Last Report: 12/11/1995

2. Principal Place of Business
21: 451 52nd St. Gulf
22: Suite, Apt. #, etc.
23: City & State: Marathon, FL
24: Zip: 33050
25: Country: Monroe

2a. Mailing Address
26: P.O. Box 500426
27: Suite, Apt. #, etc.
28: City & State: Marathon, FL
29: Zip: 33050
30: Country: Monroe

4. FEI Number: 59-2356874 ☐ 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	10. Name and Address of New Registered Agent
FRANKLIN D. GREENMAN,ESQ. 5800 OVERSEAS HIGHWAY SUITE 40 MARATHON FL 33050	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	D	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LYNNE E. JONES		1.2 NAME	The Rev. LYNNE E. JONES	
STREET ADDRESS	450-52ND ST. GULF		1.3 STREET ADDRESS	1050 52nd St. Gulf	
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP	Marathon, FL 33050	
TITLE	~~D~~	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ARTHUR RIEDEL		2.2 NAME		
STREET ADDRESS	2000 COCO PLUM DRIVE #1204		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALLAM,BARBARA		3.2 NAME		
STREET ADDRESS	113 PIRATES COVE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	T	☒ Change ☒ Addition
NAME	GREENMAN, FRANKLIN D.		4.2 NAME	Mrs. Patricia P. Klingaman	
STREET ADDRESS	90-B SOMBRERO BCH RD		4.3 STREET ADDRESS	Route 1, Box 11, JG Estates	
CITY-ST-ZIP	MARATHON, FL 09000		4.4 CITY-ST-ZIP	Marathon, FL 33050	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	LYON, DAVID		5.2 NAME	Mr. Ted McDonald	
STREET ADDRESS	220 W SEAVIEW CIRCLE		5.3 STREET ADDRESS	50-7th Street; P.O. Box 510608	
CITY-ST-ZIP	MARATHON FL		5.4 CITY-ST-ZIP	Key Colony Beach, FL 33051-0608	
TITLE	S	☒ DELETE	6.1 TITLE	S	☒ Change ☒ Addition
NAME	GRICE, BONITA M.		6.2 NAME	Ms. Jean Goff	
STREET ADDRESS	P.O. BOX 510336 380 11TH ST.		6.3 STREET ADDRESS	2000 Coco Plum Drive #806	
CITY-ST-ZIP	KEY COLONY BCH. FL		6.4 CITY-ST-ZIP	Marathon, FL 33050	

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: Lynne E. Jones — 3-19-96 — (305) 743-6442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)