

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 733864

1. Corporation Name

ST. COLUMBA'S EPISCOPAL CHURCH

Principal Place of Business

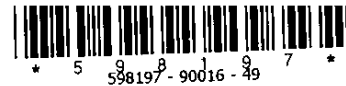
451 52ND STREET GULF
MARATHON FL 33050
US

Mailing Address

P.O. BOX 500426
MARATHON FL 33050
US

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 049 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/19/1975

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

9. Name and Address of Current Registered Agent

FRANKLIN D. GREENMAN, ESQ.
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON FL 33050

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P JONES, LYNNE E.**
STREET ADDRESS **1050 52ND STREET GULF**
CITY-ST-ZIP **MARATHON FL**

TITLE ☐ DELETE

NAME **VP JACKSON, MARGO**
STREET ADDRESS **241 3RD ST.**
CITY-ST-ZIP **KEY GLORY BEACH FL 33051**

TITLE ☒ DELETE

NAME **D LEWIS, LAWRENCE B.**
STREET ADDRESS **201 ANGELES DR., SOUTH**
CITY-ST-ZIP **MARATHON FL**

TITLE ☒ DELETE

NAME **D MARIOTT, PAMELA**
STREET ADDRESS **380 11TH ST.**
CITY-ST-ZIP **KEY GLORY BEACH FL 33051**

TITLE ☒ DELETE

NAME **D MCDONALD, TED**
STREET ADDRESS **50- 7TH STREET P.O. BOX 510608**
CITY-ST-ZIP **KEY GLORY BEACH FL**

TITLE ☐ DELETE

NAME **S GOFF, JEAN**
STREET ADDRESS **2000 COCO PLUM DRIVE #806**
CITY-ST-ZIP **MARATHON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Lynne E. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-99 (305) 743-6412
Date Daytime Phone #

CR2E037 (5/99)