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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:25

DOCUMENT # 739609 (6)

1. Corporation Name
ST. CHAD'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, I NC.

Principal Place of Business	Mailing Address
5609 NORTH ALBANY TAMPA FL 33603	5609 NORTH ALBANY TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1977
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1761610 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STRAUGHN, RICHARD REV.
1736 W. RIO VISTA AVE.
TAMPA FL 33603

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 The Rev. Richard D. Straughn — 2-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	STRAUGHN, RICHARD REV.	1.2 NAME		
STREET ADDRESS	1736 W. RIO VISTA AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BROOKS, WALTER	2.2 NAME	Berry, Anita	
STREET ADDRESS	1729 W. POWHATTAN AVE	2.3 STREET ADDRESS	3301 Perry Ave.	
CITY-ST-ZIP	TAMPA FL 33603	2.4 CITY-ST-ZIP	Tampa, FL 33603	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, DIXIE	3.2 NAME		
STREET ADDRESS	1428 W YOUKON ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	HUFFMAN, HELEN	4.2 NAME	Lee, Donna	
STREET ADDRESS	1711 W. RIO VISTA	4.3 STREET ADDRESS	3416 W. Lambright #115	
CITY-ST-ZIP	TAMPA, FL 00000 33603	4.4 CITY-ST-ZIP	Tampa, FL 33614	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RIVERA, MIKR	5.2 NAME	Aycock, William	
STREET ADDRESS	3201 W. OSBORN	5.3 STREET ADDRESS	2310 Fern Circle	
CITY-ST-ZIP	TAMPA FL 33614	5.4 CITY-ST-ZIP	Tampa, FL 33604	
TITLE	SD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	COMFORT, RUTH	6.2 NAME		
STREET ADDRESS	6306 MEMORIAL HWY	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615	6.4 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)(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 Richard D. Straughn Rev. Richard D. Straughn 2/14/95 813-879-8868
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0043500