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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 739609 (6)

1. Corporation Name

ST. CHAD'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.



Principal Place of Business

Mailing Address

5609 NORTH ALBANY
TAMPA FL 33603

5609 NORTH ALBANY
TAMPA FL 33603-1005

3. Date Incorporated or Qualified
07/07/1977

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

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

81 Name Anita R. Berry Sr. Warden
82 Street Address (P.O. Box Number is Not Acceptable) 3301 - N Perry Ave
83 Tampa FL 33603-5287
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Anita R. Berry

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 DELETE
NAME STRAUGHN, RICHARD REV.
STREET ADDRESS 1736 W. RIO VISTA AVE.
CITY-ST-ZIP TAMPA FL

1.1 TITLE Treasurer Change Addition
1.2 NAME Diane Lesitsky
1.3 STREET ADDRESS 2918 W. Paris St.
1.4 CITY-ST-ZIP Tampa, FL 33614-6034

TITLE D DELETE
NAME BERRY, ANITA
STREET ADDRESS 3301 PERRY AVE.
CITY-ST-ZIP TAMPA FL

2.1 TITLE Assistant Treasurer Change Addition
2.2 NAME Ruth Comfort
2.3 STREET ADDRESS 6306 Memorial Highway
2.4 CITY-ST-ZIP Tampa, FL 33615-4538

TITLE T DELETE
NAME WHITE, DIXIE
STREET ADDRESS 1428 W YOUKON ST.
CITY-ST-ZIP TAMPA FL 33804

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME LEE, DONNA
STREET ADDRESS 2811 W KIRBY STREET
CITY-ST-ZIP TAMPA, FL 00000

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME RIVERA, ISHMAEL
STREET ADDRESS 3201 W OSBORN AVENUE
CITY-ST-ZIP TAMPA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME WINTERS, JAYNE
STREET ADDRESS 3420 A CARLTON ARMS CIRCLE
CITY-ST-ZIP TAMPA FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita R. Berry 1/8/97 (13) 228-9820

CR2E037 (9/96)