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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

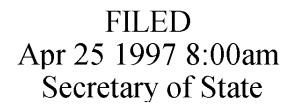
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

CHURCH OF THE ANNUNCIATION, INC.

Principal Principal	Place	of	Business			





Principal Place of Business Mailing Address						**********	11 65841 81		
4408 GULF DRIVE P.O.BOX 978 HOLMES BCH FL 34217 ANNA MARIA FL 34216-0		0978							
						3. Date Incorporated or Qualified 11/03/1981	3a. Dal	of Las 05/01	st Report /1996
	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2346886			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State	9	City & State			-	6. Election Campaign Financing		\$5.0	00 May Be
23 Country		28				Trust Fund Contribution Added to Fees			
1 Zip	Country	Zip	Country			8. This corporation has liability for in	itangible t	ax unde	er s. 199.032,
24	25	29	30				Yes 🗓		
<u> </u>	9. Name and Address of Curren	Registered Agent		1		10. Name and Address of New Reg	Istered A	gent	
				Bi	Name				1
DOUGLASS, ANNE SCHEFFLER 2801 RIVERVIEW BLVD WEST			Ī	B2	Street /	Address (P.O. Box Number is Not Acceptable	e)		
	NTON FL 34205		Ţ	В3					
			Į	84	City		 1	85 Z	'ıp Code
ed Diverse	10 th	LOAT LEGO EL . LOC.					FL		
I Office of re	edistered abont, or both, in the State :	of Florida. Such change was	-authorized	hν	the core	corporation submits this statement for the purporation's board of directors. I hereby accept	rpose of a	hangin ntment	g its registered
agent. I a	m familiar with, and accept the obliga	lions of, Section 617.0503, F	Iorida Statu	tes.		, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE _	Signature, typed or printed name of registered ager	and the second second							<u> </u>
12.	OFFICERS AND		13.	Agen	น ธเดิมสนา.ด	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DC AND	טופנ כ ז	ODE IN 12
TITLE	D	DELETE	1.1 1111	F		ADDITIONS/CHANGES TO OFFICE		Chang	
NAME	ROBINSON, EVAN	_	1.2 NAN				-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	5806 GUILF DRIVE #101S				ADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL	i e	1.4 CIT						1
TITLE	D	X DELETE	2.1 1(1)			D		Chang	e X Addition
NAME	YOUNG, DOLLY		2.2 NAM	AE		AKERS, EDWARD	_		. —
STREET ADDRESS	117 81 ST		2.3 STR	EE1 A	ADDRESS	849 49th STREET WEST	ı		
CITY-ST-ZIP	HOLMES BEACH FL		2.4 CIT	Y-\$1	T-21P	BRADENTON, FL 34209			
TITLE	D	DELETE	3.1 TITL	F				Chang	ge Addition
NAME	CAGNINA, CAROL		3.2 NAM	AE .					
STREET ADDRESS	306 73 ST		3.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL		3.4. CIT	Y-S1	I - ZIP				
TITLE	TD	☐ DELE1E	4 1 1110	E				Chang	je 🔲 Addition
NAME	LONG, CHARLOTTE		4. 2 NA	ME					
STREET ADDRESS	6500 FLOTILLA DR #103		4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL		4.4 CITY	/-ST-	- 7 IP				
TITLE	0	X DELETE	5.1 1fTL	£	T	D		Chang	je 💢 Addition
NAME	POTTER, MARGARET		5.2 NAN	Æ		BINKLEY, CHARLES			
STREET ADDRESS	521 75TH STREET		5.3 STR	EET A	ADDRESS	4302 14th AVENUE EAS	\mathbf{T}		
CITY-ST-ZIP	HOLMES BEACH FL		5.4 CITY	(- SI -	- ZIP	BRADENTON, FL 34208			
TITLE	D CHAIRLA LLADY	DELETE	6.1 TITL	E	Ī		I	Chang	e Addition
NAME 5	BROWNELL, MARY		6.2 NAN	AE					
STREET ADDRESS	5400 GULF DR #22				ADDRESS				ł
CITY-ST-ZIP	HOLMES BEACH FL		6.4 C(1)	/ · \$1 -	- ZIP				

I do hereby certify that the information supplied with this filling 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.