

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 768078 (8)**  
1. Corporation Name  
**ST. JAMES EPISCOPAL CHURCH OF ORMOND BEACH, INC.**



Principal Place of Business Mailing Address  
**44 S. HALIFAX DR.  
44 S. HALIFAX DR.  
ORMOND BEACH FL 32176-3515**

3. Date Incorporated or Qualified **04/21/1983** 3a. Date of Last Report **03/06/1995**  
4. FEI Number **59-0900994** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30

## 9. Name and Address of Current Registered Agent

**SCOTT, ROBERT H., JR.  
152 WEST GRANADA BLVD.  
ORMOND BEACH FL 32174**

## 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          | ATO                      | <input type="checkbox"/> DELETE            |
| NAME           | GRUTTA, VITA JOSEPH      |                                            |
| STREET ADDRESS | 925 N. HALIFAX AV., #802 |                                            |
| CITY-ST-ZIP    | DAYTONA BEACH FL         |                                            |
| TITLE          | TD                       | <input type="checkbox"/> DELETE            |
| NAME           | SCOTT, R H               |                                            |
| STREET ADDRESS | 7 MAPLEWOOD TRAIL        |                                            |
| CITY-ST-ZIP    | ORMOND BEACH FL          |                                            |
| TITLE          | D                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | CANAKARIS, GEORGIA       |                                            |
| STREET ADDRESS | 700 EAST MOODY           |                                            |
| CITY-ST-ZIP    | BUNNELL FL               |                                            |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | MOREHOUSE, BRUCE         |                                            |
| STREET ADDRESS | 107 TIERRA CIRCLE        |                                            |
| CITY-ST-ZIP    | ORMOND BEACH FL          |                                            |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |                                                                              |
|--------------------|-------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | JWD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | SLOAN, JAMES            |                                                                              |
| 1.3 STREET ADDRESS | 425 IDLEWOOD DRIVE      |                                                                              |
| 1.4 CITY-ST-ZIP    | ORMOND BEACH, FL        |                                                                              |
| 2.1 TITLE          | SD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | STALEY, LARRY           |                                                                              |
| 2.3 STREET ADDRESS | 162 LAURELWOOD DR       |                                                                              |
| 2.4 CITY-ST-ZIP    | ORMOND BEACH, FL        |                                                                              |
| 3.1 TITLE          | ADAMS, OMAR             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | 103 SHADY BRANCH TR     |                                                                              |
| 3.3 STREET ADDRESS | ORMOND BEACH, FL        |                                                                              |
| 3.4 CITY-ST-ZIP    |                         |                                                                              |
| 4.1 TITLE          | SWD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | MOREHOUSE, BRUCE        |                                                                              |
| 4.3 STREET ADDRESS |                         |                                                                              |
| 4.4 CITY-ST-ZIP    |                         |                                                                              |
| 5.1 TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | BYRD, BRYANT            |                                                                              |
| 5.3 STREET ADDRESS | 370 JOHN ANDERSON DRIVE |                                                                              |
| 5.4 CITY-ST-ZIP    | ORMOND BEACH, FL        |                                                                              |
| 6.1 TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | DAVENPORT, DANIEL       |                                                                              |
| 6.3 STREET ADDRESS | 104 ROBIE LANE          |                                                                              |
| 6.4 CITY-ST-ZIP    | ORMOND BEACH, FL        |                                                                              |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. H. SCOTT, JR., TREASURER

Date

3/6/1996

Daytime Phone #

CR2E037 (12/95)

768078

ST. JAMES EPISCOPAL CHURCH OF ORMOND BEACH, INC.  
44 SO. HALIFAX DRIVE  
ORMOND BEACH, FL 32176

59-0900994

Attachment to DOCUMENT #768078 (8) 1996  
Continuation:

March 6, 1996

D  
GRADWELL, BETSY  
25 NANTUCKET DR.  
PALM COAST, FL

D  
PATRICK McCARTHY  
170 ANN RUSTIN DRIVE  
ORMOND BEACH, FL

D  
NEUBAUER, LINDA  
338 JOHN ANDERSON DR  
ORMOND BEACH, FL

D  
PETERSON, DAVID  
558 RIVERSIDE DR  
HOLLY HILL, FL

D  
ROLLINS, JOHN  
250 LANDMARK CIRCLE  
ORMOND BEACH, FL

D  
THOMPSON, SUE  
743 ALDEN DRIVE  
ORMOND BEACH, FL

RD  
SORVILLO, AUGUST  
809 RIVER OAKS DRIVE, EAST  
ORMOND BEACH, FL