

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT 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 JUN 12 AM 9:13

**DOCUMENT # N01372 (4)**

1. Corporation Name

**ST. MARK'S EPISCOPAL CHURCH OF TAMPA, INC.**

Principal Place of Business: 13335 CASEY ROAD TAMPA FL 33624-4335  
Mailing Address: 13335 CASEY ROAD TAMPA FL 33624-4335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/09/1984</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-2726279</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 100.092, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**DAVIS, P. M REV.  
13335 CASEY ROAD  
TAMPA FL 33624-4335**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>OPP, CLIFFORD R. JR.</b>
STREET ADDRESS	<b>2503 CLARK ROAD</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>MINOR, DONALD</b>
STREET ADDRESS	<b>6623 APPALODSA DR.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>POWELL, TIMOTHY</b>
STREET ADDRESS	<b>14206 BANBURY WAY</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>TD</b>
NAME	<b>GRAHAM, LLOYD B.</b>
STREET ADDRESS	<b>4126 PINE LAKE LANE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>SD</b>
NAME	<b>JORDAN, PATRICIA</b>
STREET ADDRESS	<b>12813 CATAMAREN PL</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b>
NAME	<b>DAVIS, REV. P. MICHAEL</b>
STREET ADDRESS	<b>13335 CASEY ROAD</b>
CITY - ST - ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Middaugh, Phyllis</b>
2.3 STREET ADDRESS	<b>12612 Clendenning Drive</b>
2.4 CITY - ST - ZIP	<b>Tampa, FL 33624</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Baxley, Charles</b>
3.3 STREET ADDRESS	<b>4127 Northmeadow Circle</b>
3.4 CITY - ST - ZIP	<b>Tampa, FL 33624</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Szelistowski, Thomas</b>
5.3 STREET ADDRESS	<b>4502 Southbreeze Drive</b>
5.4 CITY - ST - ZIP	<b>Tampa, FL 33624</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or changed for on an attachment with an address.

SIGNATURE: P. Michael Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 7, 1995 813-962-3089

CR2E037 (3/95)