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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/09/1984	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2726279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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

**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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OPP, CLIFFORD R. JR.		1.2 NAME Jordan, Patricia	
STREET ADDRESS 2503 CLARK ROAD		1.3 STREET ADDRESS 3311 Westnorland Drive	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa, FL 33618	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIDDAUGH, PHYLLIS		2.2 NAME Middaugh, Phyllis	
STREET ADDRESS 12612 CLENDENNING DRIVE		2.3 STREET ADDRESS 12612 Clendenning Drive	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Tampa, FL 33624	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAXLEY, CHARLES		3.2 NAME	
STREET ADDRESS 4127 NORTHMEADOW CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRAHAM, LLOYD B.		4.2 NAME Touchton, Patricia	
STREET ADDRESS 4126 PINE LAKE LANE		4.3 STREET ADDRESS 5102 Belmere Parkway (#2507)	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP Tampa, FL 33624	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SZELISTOWSKI, THOMAS		5.2 NAME Farr, Cheri	
STREET ADDRESS 4502 SOUTH BREEZE DRIVE		5.3 STREET ADDRESS 1913 Lake Platt Lane	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP Tampa, FL 33618	
TITLE PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVIS, REV. P. MICHAEL		6.2 NAME James Reul	
STREET ADDRESS 13335 CASEY ROAD		6.3 STREET ADDRESS 10522 Homestead Drive	
CITY-ST-ZIP TAMPA FL		6.4 CITY-ST-ZIP Tampa, FL 33618	

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 **Phyllis Middaugh** *(Signature)* **4/15/97**

CR2E037 (9/96)