

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
--	--

3. Date Incorporated or Qualified 02/09/1984	
4. FEI Number 59-2726279	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country
24	25
29	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	Robert Middaugh
82 Street Address (P.O. Box Number is Not Acceptable)	12612 Clendenning Drive
83	
84 City	Tampa, FL 85 Zip Code 33624

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 **Robert Middaugh** *Robert Middaugh* **2/25/98**
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, PATRICIA	1.2 NAME	
STREET ADDRESS	3311 WESTMORLAND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIDDAUGH, PHYLLIS	2.2 NAME	Shahnasarian, Michael
STREET ADDRESS	12612 CLENDENNING DRIVE	2.3 STREET ADDRESS	10708 Carroll Lake Drive
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAXLEY, CHARLES	3.2 NAME	Middaugh, Robert
STREET ADDRESS	4127 NORTHMEADOW CIRCLE	3.3 STREET ADDRESS	12612 Clendenning Drive
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUCHTON, PATRICIA	4.2 NAME	Touchton, Patricia
STREET ADDRESS	5102 BELMERE PKWY (#2507)	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	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARR, CHERI	5.2 NAME	Nelson, Joan
STREET ADDRESS	1913 LAKE PLATT LN	5.3 STREET ADDRESS	14651 Village Glen Circle
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REUL, JAMES	6.2 NAME	Reul, James
STREET ADDRESS	10522 HOMESTEAD DR	6.3 STREET ADDRESS	13726 Chestersall Drive
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, FL 33624

14. I 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: **Michael Shahnasarian** *Michael Shahnasarian* **2/10/98** **265-9262**

CR2E037 (1097)