

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06830 (6)

1. Corporation Name

ST. PETER'S EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

700 RINEHART ROAD (32746)
P.O. BOX 950727
LAKE MARY FL 32795-7727700 RINEHART ROAD (32746)
P.O. BOX 950727
LAKE MARY FL 32795-07273. Date Incorporated or Qualified
12/19/19843a. Date of Last Report
04/24/1996

4. FEI Number

59-2481659

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARGE, BEVERLY L.
750 KEENELAND PIKE
LAKE MARY FL 32746

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARGE, BEVERLY L.	
STREET ADDRESS	P.O. BOX 951736 NA	
CITY-ST-ZIP	LAKE MARY FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAGSDALE, NORMA	
1.3 STREET ADDRESS	96 CRYSTAL VIEW S	
1.4 CITY-ST-ZIP	SANFORD, FL 32773	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEVILLE, JAMES	
STREET ADDRESS	114 BRANDWOOD COURT	
CITY-ST-ZIP	DEBARY FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUEDECKE, GARY	
2.3 STREET ADDRESS	342 OLD MILL RD	
2.4 CITY-ST-ZIP	ENTERPRISE, FL 32725	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CULVER, WAYNE	
STREET ADDRESS	6 ROBINWOOD DRIVE	
CITY-ST-ZIP	LONGWOOD FL	

3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TURNER, DEBORAH	
3.3 STREET ADDRESS	3527 ACRE CT	
3.4 CITY-ST-ZIP	LAKE MARY, FL 32746	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MOORE, MARIE B.	
STREET ADDRESS	681 ROOKERY AVENUE	
CITY-ST-ZIP	DELTONA FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15 1997 401-444-5673

Date

Daytime Phone # 0015822

CR2E037 (9/96)