

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90060 031 ****61.25

0020982

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N08922

1. Corporation Name
ST. ELIZABETH'S EPISCOPAL CHURCH, INC.

Principal Place of Business
 901 CLEARMONT ST.
 SEBASTIAN FL 32958

Mailing Address
 901 CLEARMONT ST.
 SEBASTIAN FL 32958



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/25/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2542603	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHARDSON, JOSEPH 1073 GARDENIA ST SEBASTIAN FL 32958				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEFFORT, ROBERT J	1.2 NAME	
STREET ADDRESS	1879 BARBER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVALLO, PETER	2.2 NAME	
STREET ADDRESS	518 SAUNDERS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, LISANNE	3.2 NAME	Bill Prescott
STREET ADDRESS	123 ABETO TERR	3.3 STREET ADDRESS	1416 Stonecrop
CITY-ST-ZIP	SEBASTIAN FL 32958	3.4 CITY-ST-ZIP	Sebastian, Fl 32958
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNUM, RICHARD	4.2 NAME	Homer Losee
STREET ADDRESS	825 DEMPSEY AVE	4.3 STREET ADDRESS	1246 W. Periwinkle Cir.
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	Barefoot Bay, Fl 32976
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: Polina [Signature] 1-13-99 (561) 589-2770

CR2E037 (11/98)