

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 6/30/96: \$196 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**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

**DOCUMENT # N14892 (6)**

95 JUL 17 AM 8:48

1. Corporation Name  
**ST. JOHN'S EPISCOPAL CHURCH, BROOKSVILLE, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**200 SOUTH BROOKSVILLE AVENUE 200 SOUTH BROOKSVILLE AVENUE**  
**P. O. BOX 1407 P. O. BOX 1407**  
**BROOKSVILLE FL 34605-8407 BROOKSVILLE FL 34605-8407**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**05/13/1986 01/31/1994**  
 4. FEI Number Applied For  
**59-2042443 Not Applicable**  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BROWN, JAMES MARTIN, ESQ.**  
**211 S. MAIN STREET**  
**BROOKSVILLE FL 34601**

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

TITLE	<b>D</b>
NAME	<del>MILBY, JAMES</del> X
STREET ADDRESS	<del>1008 LAKESIDE DR.</del> X
CITY - ST - ZIP	<del>BROOKSVILLE FL</del> X
TITLE	<b>D</b>
NAME	<b>SCHUMACHER, JIM</b>
STREET ADDRESS	<b>8533 FLEETWAY AVE. BROOKRIDGE</b>
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>
TITLE	<b>SD</b>
NAME	<b>SCHWAVONSKI, EMMIE</b>
STREET ADDRESS	<b>5332 CULBREATH RD.</b>
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>
TITLE	<b>TD</b>
NAME	<del>WISCH, DOROTHEA</del> X
STREET ADDRESS	<del>7805 KOSCIUSKO DR.</del> X
CITY - ST - ZIP	<del>BROOKSVILLE FL</del> X
TITLE	<b>D</b>
NAME	<del>CORDILL, JONNY</del> X
STREET ADDRESS	<del>21287 SNOW HILL RD.</del> X
CITY - ST - ZIP	<del>BROOKSVILLE FL</del> X
TITLE	<b>D</b>
NAME	<del>SEITMAN, BILL</del> X
STREET ADDRESS	<del>23011 BOLFANEY BLVD.</del> X
CITY - ST - ZIP	<del>BROOKSVILLE FL</del> X

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Cecil Bradley</b>
1.3 STREET ADDRESS	<b>368 Korbus Rd</b>
1.4 CITY - ST - ZIP	<b>Marytown, FL 34609</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD Jay Cordill</b>
4.3 STREET ADDRESS	<b>21241 Snow Hill Rd.</b>
4.4 CITY - ST - ZIP	<b>Brooksville, FL 34601</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D Hal Piersol</b>
5.3 STREET ADDRESS	<b>26490 Croft Lane</b>
5.4 CITY - ST - ZIP	<b>Brooksville, FL 34602</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D Tom Austin</b>
6.3 STREET ADDRESS	<b>7247 High Corner Rd.</b>
6.4 CITY - ST - ZIP	<b>Brooksville, FL 34602</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of Section 617.03(3)(k), 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 my address.

SIGNATURE: *Jay Cordill* **JAY CORDILL 7-3-95**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year

CR2E037 (3/95)