

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N14892** (6)

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



Principal Place of Business: **200 SOUTH BROOKSVILLE AVENUE, P. O. BOX 1407, BROOKSVILLE FL 34806-8407**  
Mailing Address: **200 SOUTH BROOKSVILLE AVENUE, P. O. BOX 1407, BROOKSVILLE FL 34806-8407**

3. Date Incorporated or Qualified: **05/13/1986**  
3a. Date of Last Report: **07/17/1995**  
4. FEI Number: **59-2042443**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**BROWN, JAMES MARTIN, ESQ.  
211 S. MAIN STREET  
BROOKSVILLE FL 34801**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 **Jay Cordill** Treasurer

April 26, 1996

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CECIL, BRADLEY</b>	
STREET ADDRESS	<b>368 KORBUS RD</b>	
CITY-ST-ZIP	<b>MASARYKTOWN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHUMACHER, JIM</b>	
STREET ADDRESS	<b>8533 FLEETWAY AVE. BROOKRIDGE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHWAVONSKI, EMMIE</b>	
STREET ADDRESS	<b>5332 CULBREATH RD.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CORDIOL, JAY</b>	
STREET ADDRESS	<b>21241 SNOW HILL RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PIERSOL, HAL</b>	
STREET ADDRESS	<b>26490 CROFT LANE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AUSTIN, TOM</b>	
STREET ADDRESS	<b>7247 HIGH CORNER RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Nefsey, Harland</b>	
23 STREET ADDRESS	<b>12303 Dry Creek Ranch Rd.</b>	
24 CITY-ST-ZIP	<b>Brooksville, FL 34614</b>	
31 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Cornwell, Robert</b>	
33 STREET ADDRESS	<b>Pine Ridge Lane 30444</b>	
34 CITY-ST-ZIP	<b>Brooksville, FL 34602</b>	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Cordill</b>	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 as an attachment with an address.

SIGNATURE: *Jay Cordill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996 1-352-796-9112

CR2E037 (12/95)