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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34805-9407
Mailing Address: 200 SOUTH BROOKSVILLE AVENUE, P. O. BOX 1407, BROOKSVILLE FL 34805-1407

3. Date Incorporated or Qualified: 05/13/1986
3a. Date of Last Report: 05/01/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2042443	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BROWN, JAMES MARTIN, ESQ.
211 S. MAIN STREET
BROOKSVILLE FL 34801

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CECIL, BRADLEY 388 KORBUS RD MASARYKTOWN FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D Memory Miller 900 N. Broad Street #4370 Brooksville, FL
NAME	D NEFSEY, HARLAND 12303 DRY CREEK RANCH RD BROOKSVILLE FL	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	D CORNWELL, ROBERT DPINE RIDGE LANE 30444 BROOKSVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	TD CORDILL, JAY 21241 SNOW HILL RD BROOKSVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	D PIERSOL, HAL 26490 CROFT LANE BROOKSVILLE FL	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	D AUSTIN, TOM 7247 HIGH CORNER RD BROOKSVILLE FL	<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE			6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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: _____ TREASURER
3/17/97 352-296-9117

CR2E037 (9/96)