

DOCUMENT # N14892

1. Entity Name

ST. JOHN'S EPISCOPAL CHURCH, BROOKSVILLE, FLORID

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90023 048 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc.

City & State Zip Country

4. FEI Number 59-2042443 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include MEMORY MILLER, NEFSEY, HARLAND, QUINTRELL, RITA, CORDILL, JAY, PIERSOL, HAL, SCHUMACHER, JAMES.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include The Rev. Fr. Brian K. Burgess, Dolores Huss, Derrill McAteer, Dennis Andrews, Warren Stevenson.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/13/00 Daytime Phone # 352-799-4052