DOCUMENT # N14892 FILED 1. Entity Name Apr 19, 2000 8:00 am ST. JOHN'S EPISCOPAL CHURCH, BROOKSVILLE, FLORID **Secretary of State** 04-19-2000 90023 048 ****61.25 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 34605-1407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State , City & State Applied For 4. FEI Number 59-2042443 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, JAMES MARTIN, ESQ. 211 S. MAIN STREET **BROOKSVILLE FL 34601** City 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D Change TITLE TITLE Delete **MEMORY MILLER** NAME NAME The Rev. Fr. Brian K. Burgess, Rector STREET ADDRESS 900 N BROAD ST 4370 STREET ADDRESS 51 Olive Street CITY-ST-ZIP CITY-ST-7IP **BROOKSVILLE FL** Brooksville, Fl Change X Delete ☐ Addition TITLE. TITLE NEFSEY, HARLAND NAME NAME Dolores Huss STREET ADDRESS 12303 DRY CREEK RANCH RD STREET ADDRESS 21509 Snow Hill Road Brooksville, Fl CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** TITLE ☐ Delete TITI F Change Addition NAME QUINTRELL, RITA NAME Derrill McAteer STREET ADDRESS 14089 MARINE DR STREET ADDRESS 20491 Powell Road CITY-ST-ZIP **BROOKSVILLE FL 34609** CITY-ST-ZIP Brooksville, Fl TITLE TD TITLE Change Addition Delete NAME CORDILL, JAY NAME Dennis Andrews STREET ADDRESS STREET ADDRESS 21241 SNOW HILL RD 1322 Barrance Avenue CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** Spring Hill, Fl TITLE Delete TITLE ☐ Change Addition ח PIERSOL, HAL NAME Warren Stevenson STREET ADDRESS 26490 CROFT LANE STREET ADDRESS 5374 Emerson Drive Brooksville, Fl CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHUMACHER, JAMES NAME STREET ADDRESS 8533 FLEETWAY AVE STREET ADDRESS CITY-ST-ZiP BROOKSVILLE FL 34613 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

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