FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:38

DOCUMENT # N17185 (2)

1. Corporation Name
ST. JOSEPH'S EPISCOPAL CHURCH OF LEE COUNTY, INC

Principal Place of Business	Mailing Address
19000 ALLAIRE LANE FT MYERS FL 33908-1628	19000 ALLAIRE LANE FT MYERS FL 33908-1628

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1986
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2765787 ☐ Applied For ☐ 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 ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

STEAKLEY, JOHN
6289 PLUMOSA AVE.
FT. MYERS FL 33908

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] JOHN STEAKLEY 012995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	1.1 TITLE	M	☒ Change ☐ Addition
NAME	SCHARF JR, FREDERICK E	1.2 NAME	SCHARF JR, FREDERICK E	
STREET ADDRESS	17405 HOMEWOOD RD	1.3 STREET ADDRESS	22644 WESTBRIDGE COURT	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	ESTERO, FL 33908	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ROSENBERGER, RALPH	2.2 NAME	HAMILTON, GREGGORY	
STREET ADDRESS	21450 S TAMIAMI TRAIL	2.3 STREET ADDRESS	18021 LAUREL VALLEY ROAD	
CITY-ST-ZIP	ESTERO FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WASHBURN, DAVID	3.2 NAME	DUDLEY, CAROL	
STREET ADDRESS	8121 SOUTH WOOD CR #12	3.3 STREET ADDRESS	1910 VIRGINIA AVE. APT 602B	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	BRUCE WILLIAM	4.2 NAME		
STREET ADDRESS	18054 OCALA RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP		
TITLE	DS	5.1 TITLE	DS	☒ Change ☐ Addition
NAME	CARTER, VIRGINIA	5.2 NAME	CARTER, VIRGINIA	
STREET ADDRESS	18025 LAUREL VALLEY ROAD	5.3 STREET ADDRESS	18367 USCAPA ROAD	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KAMERER, WILLIAM	6.2 NAME		
STREET ADDRESS	17595 OSPREY INLET COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	6.4 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)(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: Frederick E. Scharf Jr. FREDERICK E. SCHARF JR 01/24/95 (813) 267-7799
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0016911