

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 # N17185 (2)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**19800 ALLAIRE LANE
FT MYERS FL 33908-1828**

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FT MYERS FL 33908-1828**

3. Date Incorporated or Qualified
10/08/1986

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-2765787

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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** ☐ DELETE
NAME **SCHARF JR, FREDERICK E**
STREET ADDRESS **22644 WESTBRIDGE CT**
CITY-ST-ZIP **ESTERO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HAMILTON, GREGGORY**
STREET ADDRESS **18021 LAUREL VALLEY RD**
CITY-ST-ZIP **FORT MYERS FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Myers, Wallace**
2.3 STREET ADDRESS **6433 Royal Woods Drive**
2.4 CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE **D** ☐ DELETE
NAME **DUDLEY, CAROL**
STREET ADDRESS **1910 VIRGINIA AVE., APT 602B**
CITY-ST-ZIP **FORT MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE
NAME **BRUCE WILLIAM**
STREET ADDRESS **18054 OCALA RD**
CITY-ST-ZIP **FORT MYERS FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Jan Tourte**
4.3 STREET ADDRESS **1781 Pebble Beach Dr #303**
4.4 CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **DS** ☐ DELETE
NAME **CARTER, VIRGINIA**
STREET ADDRESS **18367 USEPPA ROAD**
CITY-ST-ZIP **FORT MYERS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **KAMERER, WILLIAM**
STREET ADDRESS **17595 OSPREY INLET COURT**
CITY-ST-ZIP **FORT MYERS FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **McNally, Madge**
6.3 STREET ADDRESS **7570 Garry Road**
6.4 CITY-ST-ZIP **Fort Myers, FL 33912**

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 on an attachment with an address.

SIGNATURE:

Frederick E. Scharf Jr March 11, 1996 (94) 267-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)