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May 19 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 # **N17185** **(2)**

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

Principal Place of Business	Mailing Address
19600 ALLAIRE LANE FT MYERS FL 33908-1826	19600 ALLAIRE LANE FT MYERS FL 33908-4826

3. Date Incorporated or Qualified: **10/06/1986**
3a. Date of Last Report: **03/27/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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

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: CARTER, VIRGINIA
82 Street Address (P.O. Box Number is Not Acceptable): 18367 Useppa Rd
83:
84 City: Fort Myers FL 85 Zip Code: 33912

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: Virginia E. Carter (VIRGINIA E. CARTER) 4/14/97
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	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHARF JR, FREDERICK E		1.2 NAME		
STREET ADDRESS	22644 WESTBRIDGE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ESTERO FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MYERS, WALLACE		2.2 NAME	Johnson, Curtis	
STREET ADDRESS	6433 ROYAL WOODS DRIVE		2.3 STREET ADDRESS	12804 Kedleston Cir	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers FL 33912	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DUDLEY, CAROL		3.2 NAME	Anderson, Norma	
STREET ADDRESS	1910 VIRGINIA AVE., APT 602B		3.3 STREET ADDRESS	18114 Matanzas	
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP	Fort Myers FL 33912	
TITLE	DT	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TOURTE, JAN		4.2 NAME	Washburn, David	
STREET ADDRESS	1781 PEBBLE BEACH DRIVE #303		4.3 STREET ADDRESS	12691 Chartwell Dr	
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP	Fort Myers FL 33912	
TITLE	DS	☒ DELETE	5.1 TITLE	DS	☐ Change ☒ Addition
NAME	CARTER, VIRGINIA		5.2 NAME	Kibbey, Keith	
STREET ADDRESS	18367 USEPPA ROAD		5.3 STREET ADDRESS	18508 East Shore Dr	
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP	Fort Myers FL 33912	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCNALLY, MADGE		6.2 NAME		
STREET ADDRESS	7570 GARRY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Frederick E. Scharf Jr. FREDERICK E. SCHARF, JR 4/14/97 (941)267-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0056294