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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17185

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	19800 ALLAIRE LANE FT MYERS FL 33908-1828

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 10/08/1986

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

9. Name and Address of Current Registered Agent

CARTER, VIRGINIA
18367 USEPPA RD
FT. MYERS FL 33912

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 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) Administrator 4/22/99
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	M	☒ Change ☐ Addition
NAME	SCHARF JR, FREDERICK E		1.2 NAME	Kibbey, Keith	
STREET ADDRESS	22644 WESTBRIDGE CT		1.3 STREET ADDRESS	18508 EAST SHORE DR	
CITY-ST-ZIP	ESTERO FL		1.4 CITY-ST-ZIP	FORT Myers FL 33912	
TITLE	D	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	JOHNSON, CURTIS		2.2 NAME	Carter, ViRGinia	
STREET ADDRESS	12804 KEDLESTON CIR		2.3 STREET ADDRESS	18367 USEPPA RD	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	FORT Myers FL 33912	
TITLE	D	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	ANDERSON, NORMA		3.2 NAME	WASHBURN, DAVID	
STREET ADDRESS	18114 MATANZAS		3.3 STREET ADDRESS	12691 Chartwell Dr	
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	WASHBURN, DAVID		4.2 NAME	McMahon George	
STREET ADDRESS	12691 CHARTWELL DR		4.3 STREET ADDRESS	17452 BUTLER RD	
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP	FORT Myers FL 33912	
TITLE	DS	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KIBBEY, KEITH		5.2 NAME	HAMILTON, Marlisa	
STREET ADDRESS	18508 EAST SHORE DR		5.3 STREET ADDRESS	18021 Laurel Valley Rd	
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Virginia E. Carter (VIRGINIA E. CARTER) Secretary 4/22/99 941-267-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #