

**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 MAR 22 AM 9:07

DOCUMENT # **N19235** (3)

1. Corporation Name  
**ST. MARY EPISCOPAL CHURCH OF BELLEVUE, FLORIDA, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 2373 BELLEVUE FL 32620 P.O. BOX 2373 BELLEVUE FL 32620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/13/1987** 3a. Date of Last Report **04/21/1994**  
4. FEI Number **59-2774044** 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. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 **34421** 25 29 **34420** 30

9. Name and Address of Current Registered Agent

**WISHAM RICHARD**  
**5750 SOUTHEAST 115TH STREET**  
**BELLEVUE FL 34420**

10. Name and Address of New Registered Agent

81 Name **Anthony P. Clark**  
82 Street Address (P.O. Box Number is Not Acceptable) **5750 Southeast 115th Street**  
83 **Bellevue, FL 34420**  
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 *Anthony P. Clark* **Anthony P. Clark** 3/17/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOVEJOY, BRADFORD, REV.
STREET ADDRESS	809 S.E. 9TH AVENUE
CITY-ST-ZIP	OCALA FL
TITLE	VD
NAME	WISHAM, RICHARD
STREET ADDRESS	13386 S. E. 36TH AVENUE
CITY-ST-ZIP	BELLEVUE FL
TITLE	SD
NAME	HOUSLEY, LEE
STREET ADDRESS	6035 N.W. 115 AVE.
CITY-ST-ZIP	OCALA FL 34482-1815
TITLE	TD
NAME	JOHNSON, DEBORAH L.
STREET ADDRESS	2305 S.E. 157TH LANE RD.
CITY-ST-ZIP	SUMMERFIELD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clark, Anthony P., Rev.	
1.3 STREET ADDRESS	12883 S. E. 58th Court	
1.4 CITY-ST-ZIP	Bellevue, FL 34420	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gilbert, Leslie	
3.3 STREET ADDRESS	213 Cutoff Rd.	
3.4 CITY-ST-ZIP	Fruitland Park, FL 34731	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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: *Deborah L. Johnson* **Deborah L. Johnson** 3/17/95 (904) 347-6422  
Signature and typed or printed name of signing officer or director Date Daytime Phone #