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 # N19235 (3)

1. Corporation Name

ST. MARY EPISCOPAL CHURCH OF BELLEVIEW, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2373 BELLEVIEW FL 34421 US	P.O. BOX 2373 BELLEVIEW FL 34420 US

3. Date Incorporated or Qualified	3a. Date of Last Report
02/13/1987	03/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2774044	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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
CLARK, ANTHONY P 5750 SOUTHEAST 115TH STREET BELLEVIEW FL 34420	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 **PD** ☐DELETE NAME **CLARK, ANTHONY P REV** STREET ADDRESS **12883 S.E. 58TH COURT** CITY-ST-ZIP **BELLEVIEW FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐Change ☐Addition
TITLE **VD** ☒DELETE X NAME **WISHAM, RICHARD** STREET ADDRESS **13386 S.E. 36TH AVENUE** CITY-ST-ZIP **BELLEVIEW FL**		2.1 TITLE **VP** 2.2 NAME **Blum, Harold J.** 2.3 STREET ADDRESS **1609 W. Schwartz Blvd.** 2.4 CITY-ST-ZIP ~~Lady Lake, FL 32159~~	☐Change ☒Addition
TITLE **SD** ☐DELETE NAME **GLIBERT, LESLIE** STREET ADDRESS **213 CUTOFF RD** CITY-ST-ZIP **FRUITLAND PARK FL**		3.1 TITLE 3.2 NAME **Gilbert, Leslie** 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒Change ☐Addition
TITLE **TD** ☐DELETE NAME **JOHNSON, DEBORAH L.** STREET ADDRESS **2305 S.E. 157TH LANE RD.** CITY-ST-ZIP **SUMMERFIELD FL**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐Change ☐Addition
TITLE ☐DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐Change ☐Addition
TITLE ☐DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐Change ☐Addition

CR2E037 (12/95)

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: _Deborah L. Johnson_, DEBORAH L. JOHNSON   2/8/96   (352)347-6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #