

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 # N41919 (4)

1. Corporation Name
ALL SOULS EPISCOPAL CHURCH, INC.



Principal Place of Business: **14640 N CLEVELAND AVE NORTH FORT MYERS FL 33903 US**
Mailing Address: **14640 N CLEVELAND AVE NORTH FORT MYERS FL 33903 US**

3. Date Incorporated or Qualified: **02/04/1991**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MYCOFF, WALTER J., JR. 16870 3RD ST NORTH FORT MYERS FL 33917		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYCOFF, WALTER J. JR.	1.2 NAME	
STREET ADDRESS	16870 3RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ROBERT	2.2 NAME	
STREET ADDRESS	2023 SE 13TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, DENNIS	3.2 NAME	Betty Blanchette
STREET ADDRESS	6850 SLATER PINES DR	3.3 STREET ADDRESS	1652 N. Pamiami Trail
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	N. Ft. Myers FL 33903
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLIN, GARWOOD	4.2 NAME	
STREET ADDRESS	5516 SAN LUIS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WAGNER, ARLYN	5.2 NAME	
STREET ADDRESS	18517 TULIP RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Garwood Chamberlin January 16, 1996
Garwood Chamberlin, Treasurer 543-8621
Date Day/Time Phone #

CR2E037 (12/95)