


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
 Sandra B. ...
 DIVISION OF CORPORATIONS

DOCUMENT # N41919 (4)

1. Corporation Name
ALL SOULS EPISCOPAL CHURCH, INC.

Principal Place of Business		Mailing Address	
14640 N CLEVELAND AVE NORTH FORT MYERS FL 33903 US		14640 N CLEVELAND AVE NORTH FORT MYERS FL 33903 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
02/04/1991

4. FEI Number
NOT APPLICABLE

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No



9. Name and Address of Current Registered Agent

MYCOFF, WALTER J., JR.
16870 3RD ST
NORTH FORT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name
E. Jim Johnson

82 Street Address (P.O. Box Number is Not Acceptable)
1637 Swan Terrace

83
N. Ft. Myers FL 33903

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 *E. Jim Johnson* **E. Jim Johnson, Senior Warden (Director) February 9, 1998**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MYCOFF, WALTER J. JR.	
STREET ADDRESS	16870 3RD STREET	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JIM	
STREET ADDRESS	1637 SWAN TERR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERLIN, GARWOOD	
STREET ADDRESS	5516 SAN LUIS DR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VAN WAGNER, ARLYN	
STREET ADDRESS	18517 TULIP RD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, ALAN G	
STREET ADDRESS	2627 MACON CIR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	E. Jim Johnson	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33903	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marian Roberts	
3.3 STREET ADDRESS	1833 Lakeview Blvd.	
3.4 CITY-ST-ZIP	N. Ft. Myers FL 33903	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33912	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert J. Phillips	
5.3 STREET ADDRESS	1839 Hancock Bridge Pkwy.	
5.4 CITY-ST-ZIP	Cape Coral FL 33990	
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 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: *Marian Roberts* **Marian Roberts February 9, 1998 941-997-7685**

CP2E037 (10/97)