

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90198 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41919**  
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	Za. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>02/04/1991</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>JOHNSON, E J</b> <b>1637 SWAN TERRACE</b> <b>NORTH FORT MYERS FL 33903</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 2-3-99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, E J</b>	1.2 NAME	
STREET ADDRESS	<b>1637 SWAN TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N FT MYERS FL 33903</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, MARIAN</b>	2.2 NAME	<b>Garwood Chamberlin</b>
STREET ADDRESS	<b>1833 LAKEVIEW BLVD</b>	2.3 STREET ADDRESS	<b>5516 San Luis Drive</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL 33903</b>	2.4 CITY-ST-ZIP	<b>N. Ft. Myers FL 33903</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN WAGNER, ARLYN</b>	3.2 NAME	
STREET ADDRESS	<b>18517 TULIP RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, ROBERT J</b>	4.2 NAME	
STREET ADDRESS	<b>1839 HANCOCK BRIDGE PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Garwood Chamberlin* **Garwood Chamberlin, Treasurer 2-3-99** DATE

CR2E037 (1/198)