

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 # N93000004569 (0)

1. Corporation Name

ST. MONICA'S EPISCOPAL CHURCH, INC.



Principal Place of Business

Mailing Address

7070 IMMOKALEE RD
SUITE 100
NAPLES FL 33999-8907
US

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SUITE 100
NAPLES FL 33999-8907
US

3. Date incorporated or Qualified
09/30/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0295252

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

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

NICK, PAUL
9790 WINCHESTER WOOD
NAPLES FL 33942

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ADLER, JOHN S
STREET ADDRESS 5910 14TH ST NW
CITY-ST-ZIP NAPLES FL 33999 ☐ DELETE

1.1 TITLE D
1.2 NAME NICK, PAUL C.
1.3 STREET ADDRESS 9790 Winchester Wood
1.4 CITY-ST-ZIP Naples, FL 33942 ☒ Change ☐ Addition

TITLE S
NAME BEESON, CATHERINE M
STREET ADDRESS 5011 MCGREGOR BLVD
CITY-ST-ZIP FORT MYERS FL ☐ DELETE

2.1 TITLE T
2.2 NAME SHAFER, WILLIAM C.
2.3 STREET ADDRESS 9653 Gulfshore Dr., #402
2.4 CITY-ST-ZIP Naples, FL 33963 ☐ Change ☒ Addition

TITLE D
NAME OAKLEAF, ROBERT
STREET ADDRESS 6001 PELICAN BAY BLVD., #1105
CITY-ST-ZIP NAPLES FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WARD, ALICE C
STREET ADDRESS 13024 BLAD CYPRESS LANE
CITY-ST-ZIP NAPLES FL 33999 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WHITE, VICKIE B
STREET ADDRESS 550 WEST PLACE
CITY-ST-ZIP NAPLES FL 33963 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME NICK, PAUL
STREET ADDRESS 9790 WINCHESTER WOOD
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 person 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (94) 591-4550

Date

Daytime Phone #

CR2E037 (12/95)