

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

28 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

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

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

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (94) 591-4550

Date

Daytime Phone #

CR2E037 (12/95)