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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34119-8845
US 34119-8845

7070 IMMOKALEE RD
SUITE 100
NAPLES FL 34119-8845
US

3. Date Incorporated or Qualified 09/30/1991

3a. Date of Last Report 05/01/1996

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

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 D DELETE
NAME NICK, PAUL C
STREET ADDRESS 9790 WINCHESTER WOOD
CITY-ST-ZIP NAPLES FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
GAMEL, BETTY L.
1280 22nd Ave. N.
Naples, FL 34103

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
T
WILLIAM C. SHAFER
9653 Gulfshore Dr. #402
Naples, FL 34108

TITLE D DELETE
NAME 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
D
WAYNE P. STICKNEY
9753 Campbell Cr.
Naples, FL 34109

TITLE D DELETE
NAME 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 D DELETE
NAME 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 T DELETE
NAME 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 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.

CR2E037 (9/96)