

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	7070 IMMOKALEE RD SUITE 100 NAPLES FL 33999-8907 US

3. Date Incorporated or Qualified	09/30/1991
4. FEI Number	65-0295252
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~NICK, PAUL
9790 WINCHESTER WOOD
NAPLES FL 33942~~

10. Name and Address of New Registered Agent

81 Name	Vickie B. White
82 Street Address (P.O. Box Numbers Not Acceptable)	550 West Place
83	
84 City	Naples
85 Zip Code	FL 34108

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: *Vickie B. White* Vickie B. White, Senior Warden 4/1/98
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 type="checkbox"/> DELETE
NAME	NICK, PAUL C	
STREET ADDRESS	9790 WINCHESTER WOOD	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEESON, CATHERINE M	
STREET ADDRESS	5011 MCGREGOR BLVD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMEL, BETTY L	
STREET ADDRESS	1280 22ND AVE. N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFER, WILLIAM C	
STREET ADDRESS	9853 GULF SHORE DR., #402	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, VICKIE B	
STREET ADDRESS	550 WEST PLACE	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STICKNEY, WAYNE P	
STREET ADDRESS	9753 CAMPBELL CR	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Treasurer (Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert B. DAKLEST	
1.3 STREET ADDRESS	6001 Pelican Bay Blvd. #11D5	
1.4 CITY-ST-ZIP	Naples FL 34108	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ronald E. Banson	
2.3 STREET ADDRESS	409 Cypress Way East	
2.4 CITY-ST-ZIP	Naples, FL 34110	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Edward J. Heinlein	
3.3 STREET ADDRESS	500 3rd Street NW	
3.4 CITY-ST-ZIP	Naples, FL 34120	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Vickie B. White* 4/25/98 941 591-4550

CR2E037 (10/97)