

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

FILED
Feb 16 1996 8:00 am
Secretary of State

DOCUMENT # **701320** (4)
1. Corporation Name
SAINT MARY MAGDALENE EPISCOPAL CHURCH, INC.

Principal Place of Business Mailing Address
1400 RIVERSIDE DRIVE **1400 RIVERSIDE DRIVE**
CORAL SPRINGS FL 33071 **CORAL SPRINGS FL 33071**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1960		3a. Date of Last Report 02/01/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-6500406		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EICHLER, STEPHEN (REV.) 1400 RIVERSIDE DRIVE CORAL SPRINGS FL 33071				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	VD DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL, BOB	1.2 NAME	Oaks, Jonathan
STREET ADDRESS	1409 SW 82ND AVE.	1.3 STREET ADDRESS	560 SW 50 TRAIL
CITY - ST - ZIP	NORTH LAUDERDALE FL	1.4 CITY - ST - ZIP	Margate, FL 33068
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RICHARD	2.2 NAME	
STREET ADDRESS	9921 TWIN LAKES DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 0	2.4 CITY - ST - ZIP	
TITLE	PD DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMAY, ERNIE	3.2 NAME	Ernst-Jones, Graham
STREET ADDRESS	8694 NW 52ND PLACE	3.3 STREET ADDRESS	10346 NW 16 CT
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	Coral Springs, FL 33071
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHLER, STEPHEN (REV.)	4.2 NAME	
STREET ADDRESS	1400 RIVERSIDE DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	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 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

Stephen J. Eichler

2-12-96 (954) 753-1400

Date

Daytime Phone #

CR2E037 (12/95)