

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 14 1997 8:00am
Secretary of State**DOCUMENT # 735969 (8)**

1. Corporation Name

THE EPISCOPAL CHURCH OF ST. BEDE, INC.

Principal Place of Business

Mailing Address

**2500 - 16TH STREET NORTH
ST. PETERSBURG FL 33704****2500 - 16TH STREET NORTH
ST. PETERSBURG FL 33704-3132**3. Date Incorporated or Qualified
06/01/19763a. 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

59-0830736

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

**CARSON, BOYD
2500 16TH ST NORTH
ST. PETERSBURG FL 33704**

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 **T** ☐ DELETENAME **BIRD, LORRAINE**STREET ADDRESS **1875 MASS. AVE. N.E.**CITY - ST - ZIP **ST. PETERSBURG FL**TITLE **D** ☐ DELETENAME **HENDERSON, JOHN H.**STREET ADDRESS **2700-17TH ST.N.**CITY - ST - ZIP **ST PETERSBURG, FL 00000**TITLE **D** ☐ DELETENAME **GREGORY, SANDRA**STREET ADDRESS **2500-16TH ST. N.**CITY - ST - ZIP **ST. PETE. FL**TITLE **D** ☐ DELETENAME **WALKER, DONALD B. J**STREET ADDRESS **721 26TH AVENUE N.**CITY - ST - ZIP **ST PETERSBURG, FL 00000**TITLE **D** ☐ DELETENAME **LIGHTFOOT, ROY C.**STREET ADDRESS **1863-75TH AVENUE N.**CITY - ST - ZIP **ST. PETERSBURG FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050022

CR2E037 (9/96)

2/10/97 (813) 823-7649