FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

735969

(8)

Mailing Address

THE EPISCOPAL CHURCH OF ST. BEDE, INC.

2500 - 16TH STREET NORTH ST. PETERSBURG FL 33704		2500 - 16TH STREET NORTH ST. PETERSBURG FL 33704				•	3. Date Incorporated or Qualified		
51. 1 E1ERODORG 1 E 55/04							06/01/1976	<u> </u>	
								oplied For	
							00 0000100	ot Applicable	
2. Principal Pla	ace of Business	2a. Mailing Address						Additional equired	
Suite, Apt. i	f, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00	Mav Be	
22		27					Trust Fund Contribution	Fees	
City & State	1	City & State					7. Is this nonprofit corporation a homeowners association	n?	
23		28					☐ Yes ☐ No	00110001	
Zip	Country	Zip		Country	,		8. This corporation owes or has pald the current year In		
24	25	29					Cooling Topolity Tax day out to	☐ No	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
				81	81 Name				
CARSON, BOYD				82 Street Address (P.O. Box Number is Not Acceptable)					
	H ST NORTH				00		,		
ST. PETE	RSBURG FL 33704		83						
				84	City		 85 Zip	Code	
					,		FL ``		
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									
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: Registere					ent signa	ture required	when reinstating) DATE		
12.	OFFICERS AND		_	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	Ť	☐ DELETE	•	1.1 TITLE			L Change	Addition	
NAME	BIRD, LORRAINE		1,2 NAME						
STREET ADDRESS	1875 MASS. AVE. N.E.			1.3 STREET ADDRESS		SS			
CITY-ST-ZIP	ST. PETERSBURG FL 1.4		1.4 C/TY-S	T-ZIP					
TITLE	D	DELETE 2.		2.1 TITLE			Change	Addition	
NAME	HENDERSON, JOHN H.		2.2 NAME						
STREET ADDRESS	2700-17TH ST.N.		:	2.3 STREET ADDRESS		SS	e e e e e e e e e e e e e e e e e e e		
CITY-ST-ZIP	ST PETERSBURG, FL 00000			2. 4 CITY-ST-ZIP					
TITLE	D DELETE		;	3.1 TITLE			☐ Change	Addition	
NAME	GREGORY, SANDRA			3.2 NAME					
STREET ADDRESS	2500-16TH ST. N.			3.3 STREET ADDRESS		ss			
GITY-ST-ZIP ST. PETE. FL				3.4. CITY-ST-ZIP					
TITLE	D	DELETE		4.1 TITLE			Change	Addition	
NAME	WALKER, DONALD B. J			4. 2 NAME					
STREET ADDRESS	721 26TH AVENUE N.		Ĭ.	4.3 STREET	ADDRE	ss			
CITY-ST-ZIP	ST PETERSBURG, FL 00000			4.4 CITY - S	ST-ZIP				
TITLE	D	☐ DELETE	_	5.1 TITLE			☐ Change	Addition	
NAME	LIGHTFOOT, ROY C.			5.2 NAME		ļ			
STREET ADDRESS	AGO TOTAL ALIGNATURE AL			5.3 STREET ADDRESS		ss			
CITY-ST-ZIP	ST. PETERSBURG FL				ST-ZIP	į			
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME		_	6.2 NA						
STREET ADDRESS	RESS			6.3 STREET ADDRESS		ss			
1				A A DUTA OT THE					
CITY-ST-ZIP	ertify that the information supplied wit	th this filing does not qualify f	for the	exemp	tion s	tated in S	ection 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 effect or director of the correction or the receiver of trustee empowered to execute this report as required by Chapter 617. Florida Statutes: and that my name appears in									
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.									

TIIDE: 2

2 SIGNATIZHESEQUIRED LOS

1/18/98

FILED

Jan 28 1998 8:00am

Secretary of State

CR2E037