

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90074 039 ****61.25

0052506

DOCUMENT # 735969

1. Corporation Name

THE EPISCOPAL CHURCH OF ST. BEDE, INC.Principal Place of Business
**2500 - 16TH STREET NORTH
ST. PETERSBURG FL 33704**Mailing Address
**2500 - 16TH STREET NORTH
ST. PETERSBURG FL 33704**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/01/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0830736Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

24

25

29

30

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

BOYD CARSON**1/14/99**

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**1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition1.2 NAME **BIRD, LORRAINE**
1.3 STREET ADDRESS **1365 SNELL ISLE BLVD. #2-A**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33704**TITLE **D** ☒ DELETENAME **HENDERSON, JOHN H.**
STREET ADDRESS **2700-17TH ST.N.**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**2.1 TITLE **TREASURER** ☐ Change ☒ Addition2.2 NAME **TURNER, ROBERT H.**
2.3 STREET ADDRESS **4114 COQUINA KEY DR.**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33705**TITLE **D** ☐ DELETENAME **GREGORY, SANDRA**
STREET ADDRESS **2500-16TH ST. N.**
CITY-ST-ZIP **ST. PETE. FL**3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition3.2 NAME **GREGORY, SANDRA**
3.3 STREET ADDRESS **136 45th Ave. NE**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33704**TITLE **D** ☐ DELETENAME **WALKER, DONALD B. J**
STREET ADDRESS **721 26TH AVENUE N.**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition4.2 NAME **WALKER, DONALD B. J.**
4.3 STREET ADDRESS **721-26th AVE. N.**
4.4 CITY-ST-ZIP **ST. PETE, FL 33704**TITLE **D** ☐ DELETENAME **LIGHTFOOT, ROY C.**
STREET ADDRESS **1863-75TH AVENUE N.**
CITY-ST-ZIP **ST. PETERSBURG FL**5.1 TITLE **DIRECTOR** ☒ Change ☐ Addition5.2 NAME **LIGHTFOOT, ROY C.**
5.3 STREET ADDRESS **1863-75th AVE. N.**
5.4 CITY-ST-ZIP **ST. PETE. FL 33702**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Robert H. Turner** **1/14/99** **(727) 823-7649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)