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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90033 010 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712828

1. Corporation Name

ST. MARTIN'S EPISCOPAL CHURCH, INC.

Principal Place of Business

140 S.E. 28TH AVE.
POMPANO BEACH FL 33062
US

Mailing Address

140 S.E. 28TH AVE.
POMPANO BEACH FL 33062
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/29/1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0799920
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	30

9. Name and Address of Current Registered Agent

SARGENT, LON G.
3531 N.E. 30TH AVE.
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81	Name	Emma Lou Olson
82	Street Address (P.O. Box Number is Not Acceptable)	420 NE 19th Ave
83		
84	City	Pompano Beach
85	Zip Code	FL 33060

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 *Emma Lou Olson*
Signature, typed or printed name of registered agent and title if applicable.

Emma Lou Olson

3/17/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, THOMAS	1.2 NAME	Dervan, Jean
STREET ADDRESS	101 N W 17TH COURT	1.3 STREET ADDRESS	405 N Ocean Blvd #208
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	Pompano Beach FL -3062
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRATLEY, FRED	2.2 NAME	Wesolowski, William
STREET ADDRESS	1816 S W 4TH AVENUE	2.3 STREET ADDRESS	5632 NW 88th Terr
CITY-ST-ZIP	POMPANO BEACH FL 33061	2.4 CITY-ST-ZIP	Coral Springs FL 33067
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARGENT, LON	3.2 NAME	Ball, Shirley
STREET ADDRESS	3531 NW 30TH AVE	3.3 STREET ADDRESS	2151 NE 68th St #209
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	3.4 CITY-ST-ZIP	Ft Lauderdale FL 33308
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEARES, MARION	4.2 NAME	
STREET ADDRESS	2621 NE 1ST STREET #6	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Dervan

2/19/99

954 942-4785

Date

Daytime Phone #

CR2E037 (11/98)