


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700424 (5)
1. Corporation Name
ST. THOMAS' EPISCOPAL CHURCH



Principal Place of Business 1200 SNELL ISLE BLVD., N.E. ST. PETERSBURG FL. 33704 US	Mailing Address 1200 SNELL ISLE BLVD., N.E. ST. PETERSBURG FL. 33704 US
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3. Date Incorporated or Qualified
02/11/1960

4. FEI Number 59-0895914	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

Handwritten: SAME

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

RECTOR, WARDEN & VESTRY OF CHURCH
1200 SNELL ISLE BLVD. Northeast
ST. PETERSBURG FL. 33704

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	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 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]* *J. Davenport Mosby, Sr. Warden* 2/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MALMAD, SUE	
STREET ADDRESS	1315 74TH CIR, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, C. C	
STREET ADDRESS	100 BAY POINT DR., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRBY, JANE R	
STREET ADDRESS	3175 WALNUT ST., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIVER, ROBERT	
STREET ADDRESS	114 GIRALDA BLVD., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	/	<input type="checkbox"/> DELETE
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	
TITLE	/	<input type="checkbox"/> DELETE
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McNulty, Patrick A.
3.3 STREET ADDRESS	4201 - 8th Street North
3.4 CITY-ST-ZIP	St. Petersburg 33703
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mosby, John D.
4.3 STREET ADDRESS	915 - 17th Avenue, N.E.
4.4 CITY-ST-ZIP	St. Petersburg 33704
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 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)(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]* *J. Davenport Mosby* 2/16/98 813-896-9611

CR2E037 (10/97)