

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT #

700992

1. Corporation Name

EPISCOPAL CHURCH OF THE HOLY CROSS, INC.

95 JUN 23 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

750 93rd Ave. N.
St. Petersburg, FL 33702

750 93rd Ave. N.
St. Petersburg, FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1972

3a. Date of Last Report

03/28/1994

4. FEI Number

59-1279554

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes ☐ No

2 Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24

Country

28

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANTRELL, WILLIAM C. JR.
100 25TH AVE. N.
ST PETERSBURG, FL 33704

81 Name

Norman Howard

82 Street Address (P.O. Box Number is Not Acceptable)

766 Lake Forest Road

83

84 City

Clearwater

300001525023

06/27/95 0114/95-005

06/27/95 0114/95-005

11. Pursuant to the provisions of Sections 617.0502 and 617.1806, 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 607.0505, Florida Statutes.

SIGNATURE

Norman Howard

(NOTE: Registered Agent signature required when registering)

DATE

5/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
Warner, Barbara
710 Atwood Ave. N.
St. Petersburg, FL 33702

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
Holtman, Dallas
1064 Ricardo Pl.
St. Petersburg, FL 33702

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

P
Howard, Norman
766 Lake Forest Road
Clearwater, FL 34625

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
Garden, Richard
4390 Cherry St NE
St. Petersburg, FL 33703

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
Newman, Larry
2517 7th St. N.
St. Petersburg, FL 33704

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
Patton, Vincent
1601 43rd St. N., #110
St. Petersburg, FL 33713

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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:

Norman Howard

5/24/95

813-576-3923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
The Rev. Norman Howard