

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 700992 (1)**  
1. Corporation Name  
**EPISCOPAL CHURCH OF THE HOLY CROSS, INC.**



Principal Place of Business  
**750 93RD AVE N.  
ST PETERSBURG FL 33702**

Mailing Address  
**750 93RD AVE N.  
ST PETERSBURG FL 33702**

3. Date Incorporated or Qualified  
**01/24/1972**

3a. Date of Last Report  
**06/23/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25  
Country  
30

9. Name and Address of Current Registered Agent  
**HOWARD, NORMAN  
766 LAKE FOREST ROAD  
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent  
81 Name  
**Norman Howard**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**766 Lake Forest Road**  
83  
84 City  
**Clearwater** 85 Zip Code  
**FL 34625**

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 *Norman Howard* DATE **2/13/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARNER, BARBARA</b>	1.2 NAME	<b>Hedman, John</b>
STREET ADDRESS	<b>710 ATWOOD AVE N.</b>	1.3 STREET ADDRESS	<b>4955 Dartmouth Ave. N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33710</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLTMAN, DALLAS</b>	2.2 NAME	<b>Darden, Richard</b>
STREET ADDRESS	<b>1064 RICARDO PL.</b>	2.3 STREET ADDRESS	<b>4390 Cherry St. NE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33702</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, NORMAN</b>	3.2 NAME	<b>Howard, Norman</b>
STREET ADDRESS	<b>766 LAKE FOREST ROAD</b>	3.3 STREET ADDRESS	<b>766 Lake Forest Road</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	3.4 CITY-ST-ZIP	<b>Clearwater, FL 34625</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARDEN, RICHARD</b>	4.2 NAME	<b>Conway, Kenneth</b>
STREET ADDRESS	<b>4390 CHERRY ST. NE</b>	4.3 STREET ADDRESS	<b>6425 1st Avenue N.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	4.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33710</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, LARRY</b>	5.2 NAME	<b>Dalla Valle, John H.</b>
STREET ADDRESS	<b>2517 7TH ST. N.</b>	5.3 STREET ADDRESS	<b>10636 Gandy Blvd. #59</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33702</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTON, VINCENT</b>	6.2 NAME	<b>Dieterle, Elizabeth</b>
STREET ADDRESS	<b>1601 43RD ST. N. #110</b>	6.3 STREET ADDRESS	<b>13861 Tern Lane</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33713</b>	6.4 CITY-ST-ZIP	<b>Clearwater, FL 34622</b>

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 119.07(3)(k), 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* DATE **2/13/96** DAYTIME PHONE # **813-576-8923**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)