

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

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1279554	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	Country	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	Country	29	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	City	Clearwater
84	State	FL
85	Zip Code	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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/13/96**

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

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

DATE **2/13/96**
DAYTIME PHONE # **813-576-8923**

CR2E037 (12/95)