

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90117 004 \*\*\*\*61.25

DOCUMENT # 700992

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/24/1972

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

9. Name and Address of Current Registered Agent

VELLA, JOSEPH A J  
750 93RD AVE N  
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SWD ☐ DELETE  
NAME GILL, JOSEPH  
STREET ADDRESS 750 93RD AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE PIC ☐ DELETE  
NAME VELLA, JOSEPH A J  
STREET ADDRESS 750 93RD AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE JWD ☐ DELETE  
NAME MORGAN, ANNE  
STREET ADDRESS 750 93RD AVE. N.  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE TD ☒ DELETE  
NAME REGAN, SUSAN F  
STREET ADDRESS 750 93RD AVE. N.  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE SD ☒ DELETE  
NAME WARNER, BARBARA A  
STREET ADDRESS 750 93RD AVE. N.  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME TD  
4.3 STREET ADDRESS SLAVIN, SUSAN L  
4.4 CITY-ST-ZIP 7845 53 WAY N  
PINELLAS PARK, FL 33781

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME SD  
5.3 STREET ADDRESS VIEBROCK, CATHERINE  
5.4 CITY-ST-ZIP 3010 11 AVE N  
ST PETERSBURG FL 33713

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Joseph A. Vella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)