

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 # 701887 (2)

1. Corporation Name
ST. MICHAEL'S CHURCH



Principal Place of Business: 2501 N WESTMORELAND DRIVE ORLANDO FL 32804
Mailing Address: 2501 N WESTMORELAND DRIVE ORLANDO FL 32804

3. Date Incorporated or Qualified: 01/15/1951
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-0782458
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

9. Name and Address of Current Registered Agent
**THE REV DR GEORGE M GARIN JR
911 RUGBY ST
ORLANDO FL 32804**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2632 Ardsley Dr
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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: GARIN, GEORGE M	
STREET ADDRESS: 911 RUGBY ST	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SHUMAN, KAY	
STREET ADDRESS: 818 WILKERSON ST	
CITY-ST-ZIP: ORLANDO FL	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: POWERS, ORMUND	
STREET ADDRESS: 1147 WESTERN WAY	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MAY, TED	
STREET ADDRESS: 3231 ARDSLEY DRIVE	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: COOK, THOMAS E	
STREET ADDRESS: 1140 AUDUBON PL	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: DIDEA, SUSIE	
STREET ADDRESS: 2717 ARDSLEY DR	
CITY-ST-ZIP: ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2632 Ardsley Dr
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Craig Batterson
3.4 CITY-ST-ZIP	2521 Norfolk Rd Orlando, FL 32803-1350
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 I were 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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George M. Garin, Jr.* George M. Garin, Jr. 3/20/96 407-843-8448
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)