


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/15/1951

4. FEI Number
59-0782458

Applied For	Not Applicable
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2. Principal Place of Business 21 2499 N Westmoreland Dr Suite, Apt. #, etc.	2a. Mailing Address 26 2499 N Westmoreland Dr Suite, Apt. #, etc.
22 City & State 23 Orlando, FL	27 City & State 28 Orlando, FL
24 Zip 32804	25 Country USA
29 Zip 32804	30 Country USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

THE REV DR GEORGE M GARIN JR
2632 ARDSLEY DR
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name **John Nowell**

82 Street Address (P.O. Box Number is Not Acceptable)
1406 Magna Court

83

84 City **Orlando** **FL** 85 Zip Code **32804-8048**

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 *John Nowell* **John Nowell, Junior Warden** **March 30, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARIN, GEORGE M	1.2 NAME	The Rev. Warren E. Richardson
STREET ADDRESS	2632 ARDSLEY DR	1.3 STREET ADDRESS	2202 Winnebago Trail
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Fern Park, FL 32730
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LEONARD E. JR.	2.2 NAME	
STREET ADDRESS	1119 BELLEAIRE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTERSON, CRAIG	3.2 NAME	William C. Airth
STREET ADDRESS	2521 NORFOLD RD	3.3 STREET ADDRESS	3203 Ardsley Drive
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, TED	4.2 NAME	Roston Shuman
STREET ADDRESS	3231 ARDSLEY DRIVE	4.3 STREET ADDRESS	818 Wilkinson St
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32803-1052
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, SALLY S.	5.2 NAME	
STREET ADDRESS	814 SEMINOLE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIDEA, SUSIE	6.2 NAME	John Nowell
STREET ADDRESS	2717 ARDSLEY DR	6.3 STREET ADDRESS	1406 Magna Court
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32804

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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.

SIGNATURE: *John Nowell* **John Nowell Junior Warden 4-1-98**

CP2E037 (10/97)