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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	1996	ONE IS							
DOCU 1. Corporation	MENT #	702133	(O)						
	DSEPH'S EPISCO	OPAL CHURCH				<u> </u>			
rincipal Plac	e of Business	N	Mailing Address		.				
3300 S. SEACREST BLVD. BOYNTON BEACH FL 33435 BOYNTON BEACH FL									
						3. Date Incorporated or Qualifie 03/20/1961		te of Last 05/25/1	
2. Principal P	Place of Business	2a 26	Mailing Address			4. FEI Number 59-0862310		-	Applied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.			39 00023 10			Not Applicable
		27				5. Certificate of Status Desired			Additional Required
City & Stat	e		City & State			6. Election Campaign Financing			0 May Be
Zip	Cour	28	7:	1 0		Trust Fund Contribution		Adde	d to Fees
م کیات	Cour 25	29	Zip	Cour	ntry	This corporation has liability to Florida Statutes			199.032,
		ress of Current Regis	stered Agent	1301		10. Name and Address of New	☐ Yes ☐ • Registered •		
					81 Name		8-2-4-4		
	L, W MICHAEL REV	1		}	82 Street	Address (P.O. Box Number is Not Accep	table)		
	SEACREST BLVD					- The state of the	-caoloj		
BOYNTO	ON BEACH FL 3343	5			83				
				<u>_</u>				Tan 1 7	Code
				1	84 City			185 L ZŒ	COUE
familiar wi	to the provisions of Sec red agent, or both, in th ith, and accept the obli			es, the above		orporation submits this statement for the board of directors. I hereby accept the a	FL purpose of cha ppointment as		
familiar wi	ith, and accept the oblig		applicable. (NO	es, the aboved by the co	ve-named co orporation's	proporation submits this statement for the board of directors. I hereby accept the a squired when renstains: ADDITIONS/CHANGES TO C	purpose of cha ppointment as	nging its registered	egistered office agent. I am
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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 18 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 407 7323060 Date Phone i