

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 # 702133 (0)

1. Corporation Name

ST. JOSEPH'S EPISCOPAL CHURCH

Principal Place of Business

**3300 S. SEACREST BLVD.
BOYNTON BEACH FL 33435**

Mailing Address

**3300 S. SEACREST BLVD.
BOYNTON BEACH FL 33435**



3. Date Incorporated or Qualified
03/20/1961

3a. Date of Last Report
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASSELL, W MICHAEL REV
3300 S SEACREST BLVD
BOYNTON BEACH FL 33435**

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 NAME ☒ DELETE

**VD
MANCUSO, SAMUEL
3120 SEAGRAPE RD.
LANTANA FL**

TITLE NAME ☒ DELETE

**D
HIGGINS, MICHAEL
1016 SW 2ND ST
BOYNTON BEACH FL**

TITLE NAME ☐ DELETE

**TD
MARBLE, KW
12400 BONEVENTURE DR.
BOYNTON BEACH FL**

TITLE NAME ☐ DELETE

**P
BRIGHT, J. REEVE
700 SEASAGE DR.
DELRAY BEACH FL**

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition

1.2 NAME **Charles Schoch**

1.3 STREET ADDRESS **33010 AZURA BAY**

1.4 CITY-ST-ZIP **Boynton Beach, FL 33436** ☐ Change ☐ Addition

2.1 TITLE **D** ☐ Change ☐ Addition

2.2 NAME **John Mc Kague**

2.3 STREET ADDRESS **8363 Mildred Drive W**

2.4 CITY-ST-ZIP **Boynton Beach, FL 33437** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

W. Michael Cassell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 407 7323060
Date Daytime Phone #

CR2E037 (12/95)