

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702338 (5)
1. Corporation Name
ST. ALBAN'S EPISCOPAL CHURCH, INC.



Principal Place of Business Mailing Address
330 85TH AVE **330 85TH AVE**
ST PETERSBURG BEACH FL 33706 **ST PETERSBURG BEACH FL 33706**

3. Date Incorporated or Qualified: **04/25/1961** 3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-0718486** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
GAUGH, JANE
427 39TH AVE
ST PETERSBURG BCH FL 33706

10. Name and Address of New Registered Agent
81 Name: **James L. McDowell**
82 Street Address (P.O. Box Number is Not Acceptable): **333 84th Ave**
83
84 City: **St. Pete Beach** FL 85 Zip Code: **33706**

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: *James L. McDowell* **James L. McDowell** **2-14-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	XX DELETE
NAME	GAUGH, JANE	
STREET ADDRESS	427 - 39TH AVE	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	TD	XX DELETE
NAME	HALLOCK, JESSIE B.	
STREET ADDRESS	11605 THIRD ST, E	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	S	XX DELETE
NAME	JEFFRIES, EDITH	
STREET ADDRESS	333 84TH AVE	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FENSTERMAKER, ROY	
STREET ADDRESS	311 JULIA CIR SO	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	PD	XX Change <input type="checkbox"/> Addition
1.2 NAME	McDowell, James L.	
1.3 STREET ADDRESS	333 84th Ave.	
1.4 CITY-ST-ZIP	St. Pete Beach, FL 33706	
2.1 TITLE	TD	XX Change <input type="checkbox"/> Addition
2.2 NAME	Gregg, Jessie B.	
2.3 STREET ADDRESS	11650 Capri Circle S #207	
2.4 CITY-ST-ZIP	Treasure Island, FL 33706	
3.1 TITLE	S	XX Change <input type="checkbox"/> Addition
3.2 NAME	Waters, Fred	
3.3 STREET ADDRESS	9425 Blind Pass Rd. #603	
3.4 CITY-ST-ZIP	St. Pete Beach, FL 33706	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	600001761926	
4.3 STREET ADDRESS	-03/29/96--01012--003	
4.4 CITY-ST-ZIP	***61.25	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LauBach, William	
5.3 STREET ADDRESS	131 95th Ave.	
5.4 CITY-ST-ZIP	Treasure Island, FL 33706	
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 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: *Jessie B. Gregg* **Jessie B. Gregg** **2-14-96** **813-360-8406**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

Jessie B. Gregg
3-28-96