

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702338 (5)

1. Corporation Name
ST. ALBAN'S EPISCOPAL CHURCH, INC.



Principal Place of Business 330 85TH AVE ST PETERSBURG BEACH FL 33706	Mailing Address 330 85TH AVE ST PETERSBURG BEACH FL 33706-1525
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3. Date Incorporated or Qualified 04/25/1961	3a. Date of Last Report 03/28/1996
4. FEI Number 59-0718486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MCDOWELL, JAMES L
333 84TH AVENUE
ST PETERSBURG BEACH FL 33706**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCDOWELL, JAMES L	
STREET ADDRESS	333 84TH AVENUE	
CITY - ST - ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREGG, JESSIE B	
STREET ADDRESS	11650 CAPRI CIRCLE SOUTH #207	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATERS, FRED	
STREET ADDRESS	9425 BLIND PASS ROAD #603	
CITY - ST - ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FENSTERMAKER, ROY	
STREET ADDRESS	311 JULIA CIR SO	
CITY - ST - ZIP	ST PETERSBURG BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAUBACH, WILLIAM	
STREET ADDRESS	131 95TH AVENUE	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11555 PINE ST.
2.4 CITY - ST - ZIP	SEMINOLE FL 33772
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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: Jessie B. Gregg **JESSIE B. GREGG** 1/14/97 (813) 360-8466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060161

CR2E037 (9/96)