

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 # 703575 (1)
1. Corporation Name

THE RECTOR, WARDENS AND VESTRYMEN OF ST. MARY'S CHURCH IN STUART



Principal Place of Business: 623 E OCEAN BLVD. STUART FL 34994 US
Mailing Address: 623 E OCEAN BLVD STUART FL 34994 US

3. Date Incorporated or Qualified: 02/12/1962
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1005086
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS TRACY PITTENGER II
623 E OCEAN BLVD.
STUART 34994

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: D	<input checked="" type="checkbox"/> DELETE
NAME: HUDSON, DALE M	
STREET ADDRESS: 623 E OCEAN BLVD	
CITY-ST-ZIP: STUART FL	
TITLE: DT	<input type="checkbox"/> DELETE
NAME: ANTHONY, JAMES C	
STREET ADDRESS: 623 E OCEAN BLVD	
CITY-ST-ZIP: STUART FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: DOWNING, JAMES	
STREET ADDRESS: 623 E OCEAN BLVD	
CITY-ST-ZIP: STUART FL	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: PITTENGER, THOMAS T. II	
STREET ADDRESS: 623 E OCEAN BLVD	
CITY-ST-ZIP: STUART 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 12

11 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME: HUBBARD, FRANCES	
13 STREET ADDRESS: 623 E Ocean Blvd.	
14 CITY-ST-ZIP: Stuart, FL 34994	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
31 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME: LAMIRAND, RICHARD	
33 STREET ADDRESS: 623 E Ocean Blvd.	
34 CITY-ST-ZIP: Stuart, FL 34994	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 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: *James C. Anthony III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James C. Anthony III, Rector / Treasurer
5/10/96 (407) 287-3244
Date Time Phone #

CR2E037 (12/95)