

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 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 # 704653 (5)
1. Corporation Name
THE EPISCOPAL CHURCH OF ST JOHN THE BAPTIST, INC



Principal Place of Business 1000 BETHUNE DRIVE ORLANDO FL 32805-3404	Mailing Address 1000 BETHUNE DRIVE ORLANDO FL 32805-3404
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3. Date Incorporated or Qualified 01/11/1972	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 70-4653581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOYD, ERNEST A
2242 PIPESTONE COURT
ORLANDO FL 32818**

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SWD <input type="checkbox"/> DELETE
NAME	BOYD, ERNEST
STREET ADDRESS	2242 PIPESTONE COURT
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	JWD <input type="checkbox"/> DELETE
NAME	BURGESS, GRACE
STREET ADDRESS	2130 STRYKER ST
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	S <input type="checkbox"/> DELETE
NAME	HARRIS, LORRAINE
STREET ADDRESS	2701 WINDWARD
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	T <input type="checkbox"/> DELETE
NAME	CLARK, MERCERDESE R
STREET ADDRESS	730 WOODS AVE.
CITY-ST-ZIP	ORLANDO FL 32805
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

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Ernest A Boyd* **ERNEST A. BOYD** 1/21/97 407/521

CR2E037 (9/96)