


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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**

3. Date Incorporated or Qualified: **01/11/1972**
4. FEI Number: **70-4653581**
Applied For: Not Applicable:

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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: **The Rev. Ralston B. Nembhard**
82. Street Address (P.O. Box Number is Not Acceptable): **4821 Normandy Place**
83.
84. City: **Orlando, FL** 85. Zip Code: **32811**

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: **Ralston B. Nembhard, Rector** *[Signature]* **Jan. 13, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SWD <input checked="" type="checkbox"/> DELETE	1. TITLE	SWD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, ERNEST	1.2 NAME	Harris, Lorraine K.
STREET ADDRESS	2242 PIPESTONE COURT	1.3 STREET ADDRESS	2701 Windward Ct.
CITY-ST-ZIP	ORLANDO FL 32818	1.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	JWD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	JWD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, GRACE	2.2 NAME	McElroy, Lee
STREET ADDRESS	2130 STRYKER ST	2.3 STREET ADDRESS	3457 Fitzgerald St.
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LORRAINE	3.2 NAME	Jones, Ella Florence
STREET ADDRESS	2701 WINDWARD	3.3 STREET ADDRESS	2416 Lauderdale Ct.
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MERCERDESE R	4.2 NAME	
STREET ADDRESS	730 WOODS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Ralston B. Nembhard, Rector** *[Signature]* **1/13/98 407/295-1923**

CR2E037 (10/97)