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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 704653

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/11/1972  
 4. FEI Number  
 70-4653581

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

25

Country

29 Zip Country

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEMBARD, THE REV RALSTO  
 4821 NORMANDY PLACE  
 ORLANDO FL 32811

81 Name The Rev. Ralston B. Nembhard

82 Street Address (P.O. Box Number is Not Acceptable)  
 8710 Sandberry Blvd.

83

84 City Orlando FL 85 Zip Code 32819

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

March 4, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  DELETE  
 NAME HARRIS, LORRIANE K  
 STREET ADDRESS 2701 WINDWARD CT  
 CITY-ST-ZIP ORLANDO FL 32805

1.1 TITLE SD  Change  Addition  
 1.2 NAME Harris, Lorraine K.  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME MCELROY, LEE  
 STREET ADDRESS 3457 FITZGERALD ST  
 CITY-ST-ZIP ORLANDO FL 32805

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE S  DELETE  
 NAME JONES, ELLA FLORENCE  
 STREET ADDRESS 2416 LAUDERALE CT  
 CITY-ST-ZIP ORLANDO FL 32805

3.1 TITLE S  Change  Addition  
 3.2 NAME Bradley, Shirley  
 3.3 STREET ADDRESS 2127 Monte Carlo Tr  
 3.4 CITY-ST-ZIP Orlando, FL 32805

TITLE T  DELETE  
 NAME CLARK, MERCERDESE R  
 STREET ADDRESS 730 WOODS AVE.  
 CITY-ST-ZIP ORLANDO FL 32805

4.1 TITLE T  Change  Addition  
 4.2 NAME Dawson, Henry  
 4.3 STREET ADDRESS 5049 Bermuda Cir.  
 4.4 CITY-ST-ZIP Orlando, FL 32808

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

March 4, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)