

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90260 020 ****61.25

DOCUMENT # 704696

1. Corporation Name

ST. FRANCIS EPISCOPAL CHURCH, INC.

Principal Place of Business

313 GRACE ST.
P.O. BOX 566
BUSHNELL FL 33513

Mailing Address

313 GRACE ST.
P.O. BOX 566
BUSHNELL FL 33513



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/22/1962

4. FEI Number

59-6605753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROWN, ASHMUN
313 GRACE STREET
BUSHNELL FL 33513

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

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 S ☒ DELETE
NAME CLOUD, KAREN
STREET ADDRESS 1669 S.W. 72ND LANE
CITY-ST-ZIP BUSHNELL FL

TITLE T ☐ DELETE
NAME RACIAPPA, MARK
STREET ADDRESS 6835 CR 607 B
CITY-ST-ZIP BUSHNELL FL 33513

TITLE D ☒ DELETE
NAME WEYRANCH, KENNETH
STREET ADDRESS 6144 BEECHWOOD DR
CITY-ST-ZIP RIDGE MANOR FL

TITLE D ☐ DELETE
NAME DUVAL, EDWARD
STREET ADDRESS 7289 W. HWY 48
CITY-ST-ZIP BUSHNELL FL

TITLE P ☐ DELETE
NAME BROWN, ASHMUN N.
STREET ADDRESS 313 GRACE ST.
CITY-ST-ZIP BUSHNELL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☐ Change ☒ Addition
1.2 NAME MARYLYN JOHNSON
1.3 STREET ADDRESS 4195 CR 575
1.4 CITY-ST-ZIP BUSHNELL, FL 33513

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

3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME HAROLD GRAVES
3.3 STREET ADDRESS 892 CR 463
3.4 CITY-ST-ZIP LK PANASOFFKEE, FL 33538

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RACIAPPA, MARGARET 4-20-99 352-793-4911

Date

Daytime Phone #

CR2E037 (1/98)