

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 20 AM 10:01

**DOCUMENT # 710328 (6)**

1. Corporation Name  
**ST. MARY'S EPISCOPAL CHURCH, INC.**

Principal Place of Business Mailing Address  
 1010 24TH AVE W 1010 24TH AVE W  
 PALMETTO FL 34221 PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/26/1966</b>	3a. Date of Last Report <b>03/11/1994</b>
4. FEI Number <b>59-1430406</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25 Country	30 Zip

9. Name and Address of Current Registered Agent  
**HUNT, BEVERLY**  
**210 17TH ST. NW #6**  
**BRADENTON FL 34205**

10. Name and Address of New Registered Agent  
 81 Name **Rodney Dixon**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4104 3rd Ave. W.**  
 83  
 84 City **Palmetto** FL 85 Zip Code **34221**

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 *Rodney Dixon* (Signature, typed or printed name of registered agent and fee if applicable) *Sinister* (NOTE: Registered Agent signature required when reinstating) **6-14-95** DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>STANTON, FAITH</b>
STREET ADDRESS	<b>4709 9TH ST. E.</b>
CITY - ST - ZIP	<b>ELLENTON FL 34222</b>
TITLE	<b>D</b>
NAME	<b>HALLMAN, JOHN</b>
STREET ADDRESS	<b>8111 DESOTO DR.</b>
CITY - ST - ZIP	<b>ELLENTON FL 34222</b>
TITLE	<b>V</b>
NAME	<b>HUNT, BEVERLY</b>
STREET ADDRESS	<b>210 17TH ST. NW</b>
CITY - ST - ZIP	<b>BRADENTON FL 34205</b>
TITLE	<b>D</b>
NAME	<b>LASKY, STEVE</b>
STREET ADDRESS	<b>5343 7TH AVE. N.</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33710</b>
TITLE	<b>D</b>
NAME	<b>HUNT, BEVERLY</b>
STREET ADDRESS	<b>210 17TH ST NW #6</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>D</b>
NAME	<b>MORRIS, JOHN</b>
STREET ADDRESS	<b>1000 RIVERSIDE DR, B-403</b>
CITY - ST - ZIP	<b>PALMETTO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Rodney Dixon</b>
13 STREET ADDRESS	<b>4104 3rd Ave. W.</b>
14 CITY - ST - ZIP	<b>Palmetto, FL 34221</b>
21 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Louise Silvanic</b>
23 STREET ADDRESS	<b>2207 7th St. W.</b>
24 CITY - ST - ZIP	<b>Palmetto, FL 34221</b>
31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Bill Renney</b>
33 STREET ADDRESS	<b>2901 95th Ave. E.</b>
34 CITY - ST - ZIP	<b>Parrish, FL 34219</b>
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 110.07(3)(b), 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: *Rodney Dixon* (Signature and typed or printed name of signing officer or director) **6-14-95** Date Daytime Phone #

CR2E037 (3/95)