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FILED
May 20 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 # 710328 (6)
1. Corporation Name
ST. MARY'S EPISCOPAL CHURCH, INC.

Principal Place of Business 1010 24TH AVE W PALMETTO FL 34221	Mailing Address 1010 24TH AVE W PALMETTO FL 34221-3540
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21 2. Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3 Date Incorporated or Qualified 01/26/1966	3a Date of Last Report 02/21/1996
4 FEI Number 59-1430406	Applied For Not Applicable
5 Certificate of Status Desired <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KIBBEN, KIRBY
4705 7TH STREET CT E
ELLENTON FL 34222

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Lawrence G. Bustle*
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	D <input type="checkbox"/> DELETE	11 <input checked="" type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	Treasurer
NAME	KIBBEN, KIRBY	12 NAME	Lawrence Bustle
STREET ADDRESS	4705 7TH ST. CT E	13 STREET ADDRESS	2205 5th St. W.
CITY-ST-ZIP	ELLENTON FL	14 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	D <input checked="" type="checkbox"/> DELETE	2 <input checked="" type="checkbox"/> TITLE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	D Jack Pace
NAME	CORKRAN, DAVIS	2.2 NAME	105 Jacaranda Way
STREET ADDRESS	5700 BAYSHORE ROAD BOX 504	2.3 STREET ADDRESS	Parrish, FL 34219
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 <input checked="" type="checkbox"/> TITLE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	D Maureen Theroux
NAME	RENNY, BILL	3.2 NAME	4903 Palm Aire Dr.
STREET ADDRESS	2901 95TH AVE E	3.3 STREET ADDRESS	Sarasota, FL 34243-3780
CITY-ST-ZIP	PARRISH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4 <input checked="" type="checkbox"/> TITLE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	D Mark Sadowski
NAME	LAVENDER, PEARL	4.2 NAME	7116 91st St. e.
STREET ADDRESS	6912 7TH AVENUE BLVD NW	4.3 STREET ADDRESS	Palmetto, FL 34221
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 <input checked="" type="checkbox"/> TITLE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	D Nancy Valenti
NAME	LANGLEY, GAIL	5.2 NAME	3203 U.S.Hwy N.
STREET ADDRESS	2203 6TH STREET WEST	5.3 STREET ADDRESS	Palmetto, FL 34221
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6 <input checked="" type="checkbox"/> TITLE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	D Patti Eckert
NAME	CORKRAN, ANNABELL	6.2 NAME	904 24th Ave. W.
STREET ADDRESS	6404 21ST W APT M808	6.3 STREET ADDRESS	Palmetto, FL 34221
CITY-ST-ZIP	BRADENTON FL	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 *Lawrence G. Bustle* Treasurer

CR2E037 (9/96)