FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710328

1. Corporation Name

ST. MARY'S EPISCOPAL CHURCH, INC.

Principal Place of Business 1010 24TH AVE W

2. Principal Place of Business

PALMETTO FL 34221

Mailing Address

1010 24TH AVE W PALMETTO FL 34221

2a. Mailing Address

FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90122 003 ****61.25



3. Date Incorporated or Qualifed

01/26/1966

Z 1						0.7207.000			
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For
22			27	_		59-1430406		Not	Applicable
23	City & State	9	City & State			5. Certifcate of Status Desire	d 🗆	\$8.75 A Fee Red	
	Zip	Country	Zip	Country		6. Election Campaign Finance	na	\$5.00	May Be
24	-r	25	29 36	ה ·		Trust Fund Contribution	"' ⁹ 🗀	Added to	
27		9. Name and Address of Curren		-		10. Name and Address of Ne	w Registered	Agent	
9.00					Name	ley, Gerald			
DDIOCC TUTIMA									
	BRIGGS, THELMA					Address (P.O. Box Number is Not Acc	eptable)		
2801-17TH ST WEST				83		te B	_		
PALMETTO FL 34221					Sui	.te B			
				84			FL	85 Zip C	
Ellenton 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for t								changing ite	ranietarad
11. Pursuant to the provisions of Sections of 17.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Changing and Section of 17.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Changing as legislated 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 617,5503, Florida Statutes.									
agent. I am familiar with, and accept the obligations of, Section 617 5503, Florida Statutes.									
SI	GNATURE	/ oceans	Baix				<u>~/ (7 \</u>	17	
Signature—typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
-			DELETE	1.1 TITLE		T	OI HOLKO A	Change	Addition
TITL		D CON CUENTED	A	1.2 NAME		D			
NAM	-	BULLOCK, CHESTER		-		Briggs, Thelma			- 1
STR	REET ADDRESS	3914-57TH DRIVE EAST		1	FADDRESS	2801 - 14th St. W.			
-	Y-ST-ZIP	BRADENTON FL 34203	P DC) ETC	1.4 CITY-S	T-ZIP	Palmetto, FL 34221		☐ Change	Addition
TITL	.E	D	DELETE	2.1 TITLE		T		[] Cuange	[¥] Additon
NAN	ΛE	PACE, JACK		2.2 NAME	İ	Bustle, Lawrence E.	Jr.		ļ
STR	REET ADDRESS	105 JACARANDA WAY		2.3 STREET	ADDRESS	2205 - 5th St. W.			,
СIT	Y-ST-ZIP	PARRISH FL		2. 4 CITY-S	T-ZIP	Palmetto, FL 34221			50/100
TIπ	Æ	D	☐ DELETE	3.1 TITLE		D		Change	Addition
NAM	MÉ	MARTIN, K V		3.2 NAME		Hoffman, Lee Ann			
STR	REET ADDRESS	9915 HATTERAS LN		3.3 STREET	ADDRESS	708 - 13th Ave. Dr.	Cir. W.		
CIT	Y-ST-ZIP	PARRISH FL 34219		34. CITY-S	17-21P	Palmetto, FL 34221			
TITL	LE	D	DELETE	4.1 TITLE		D		Change	Addition
NAN	ME	SADOWSKI, MARK		4. 2 NAME		Sayre, Dorimda			
STR	REET ADDRESS	7116 91ST ST E		4.3 STREET	FADDRESS	4361 Pompano Lane			Ì
СЛТ	Y-ST-ZIP	PALMETTO FL		4.4 CITY-S	T-ZIP	Palmetto, FL 34221	_		
TITL	.E	D	☐ DELETE	5.1 TITLE		D		Change	Addition
NAN	ME	SMELSER, MARGARET		5.2 NAME		Valenti, Nancy			
STR	REET ADDRESS	486 MARLIN LN		5.3 STREET	FADDRESS	3203 US Hwy 41 N.			1
cm	Y-ST-ZIP	ELLENTON FL 34222		5.4 CITY-S	T-ZIP	Palmetto, FL 34221			
TIT		D	☐ DELETE	6.1 TITLE	į			Change	Addition
NAN	MΕ	ECKERT, PATTI		6.2 NAME		The state of the s			
	REET ADDRESS			6.3 STREET	FADDRESS				
	Y-ST-ZIP	PALMETTO FL		6.4 CITY-S	T-ZIP				;
V. I	· • / • •			-					

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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE

MININGER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ______

2/12/99 941-729-5461

Daytime Phone #

22E037 (11/98)