


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 AUG 23 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****61.25 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701185
 1. Corporation Name
St Christopher's By-The-Sea Episcopal Church Inc.

Principal Place of Business	Mailing Address
95 Harbor Drive Key Biscayne, Fl. 33149	Same

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26 Same as above
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State Miami, Fla.	28 City & State Miami, Fla
24 Zip 33149	25 Country U.S.A
	29 Zip 33149
	30 Country U.S.A

3. Date Incorporated or Qualified July 13th, 1960	3a. Date of Last Report Feb. 22nd, 1995
4. FEI Number 59-1219573	Applied For <input type="checkbox"/> 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	10. Name and Address of New Registered Agent
The Rev. Robert M.G.Libby 95 Harbor Drive Key Biscayne, Fla. 33149 U.S.A.	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Libby, Robert	12 NAME	
STREET ADDRESS	200 Ocean Lane Dr. #408	13 STREET ADDRESS	
CITY - ST - ZIP	Key Biscayne, Fla. 33149	14 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owens, Anne	22 NAME	
STREET ADDRESS	200 Ocean Lane Dr. #304	23 STREET ADDRESS	
CITY - ST - ZIP	Key Biscayne, Fla. 33149	24 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hebborn, Peter	32 NAME	
STREET ADDRESS	641 Curtiswood Dr.	33 STREET ADDRESS	
CITY - ST - ZIP	Key Biscayne, 33149	34 CITY - ST - ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Walter	42 NAME	
STREET ADDRESS	1825 Micanopy Ave.	43 STREET ADDRESS	
CITY - ST - ZIP	Coconut Grove, Fla. 33133	44 CITY - ST - ZIP	
TITLE	Secretary <input checked="" type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, Sam	52 NAME	
STREET ADDRESS	320 Ridgewood Rd.	53 STREET ADDRESS	
CITY - ST - ZIP	Key Biscayne, Fla. 33149	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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: Anne Owens Anne Owens VP 8.12.96 305-361-5080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)