


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712828 (3) 1. Corporation Name ST. MARTIN'S EPISCOPAL CHURCH, INC.			
Principal Place of Business 140 S.E. 28TH AVE. POMPANO BEACH FL 33062 US		Mailing Address 140 S.E. 28TH AVE. POMPANO BEACH FL 33062-5435 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 05/29/1967		3a. Date of Last Report 04/17/1996	
4. FEI Number 59-0799920		Applied For <input checked="" 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 MOYER, DALE L. 1520 N.E. 53RD ST. FT. LAUDERDALE FL 33334		10. Name and Address of New Registered Agent 81 Name LON G. SARGENT 82 Street Address (P.O. Box Number is Not Acceptable) 3531 N.E. 30th AVENUE 83 84 City LIGHTHOUSE POINT FL 85 Zip Code 33064	
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 <i>Lon G. Sargent</i> DATE 3-31-97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T NAME BRODERICK, JANE STREET ADDRESS 615 N. RIVERSIDE DR. CITY-ST-ZIP POMPANO BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME JANE BRODERICK (T) 1.3 STREET ADDRESS 615 N RIVERSIDE DRIVE 1.4 CITY-ST-ZIP POMPANO BEACH FL 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WELLER, JOHN STREET ADDRESS 1126 S CYPRESS RD #712 CITY-ST-ZIP POMPANO BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME JOHN WELLER (T) 2.3 STREET ADDRESS 1126 S CYPRESS ROAD #712 2.4 CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SARGENT, LON STREET ADDRESS 3531 NW 30TH AVE CITY-ST-ZIP LIGHTHOUSE PT. FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME LON SARGENT (T) 3.3 STREET ADDRESS 3531 NE 30th AVENUE 3.4 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME MOYER, DALE L. STREET ADDRESS 1520 NE 53RD STREET CITY-ST-ZIP FT. LAUDERDALE FL 33334	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME SHIRLEY MEAD (T) 4.3 STREET ADDRESS 800 S OCEAN BLVD #509 4.4 CITY-ST-ZIP DEERFIELD BEACH FL 33341	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jane Broderick</i>		3-27-97 (954) 941-4843	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0021750	

CR2E037 (9/96)