


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 US		3. Date Incorporated or Qualified 05/29/1967	
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		4. FEI Number 59-0799920 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent SARGENT, LON G. 3531 N.E. 30TH AVE. LIGHTHOUSE POINT FL 33064			
10. Name and Address of New Registered Agent 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)					
12. OFFICERS AND DIRECTORS					
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	BRODERICK, JANE			1.2 NAME	
STREET ADDRESS	615 N. RIVERSIDE DR.			1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062			1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	WELLER, JOHN			2.2 NAME	
STREET ADDRESS	1126 S CYPRESS RD #712			2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060			2.4 CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	
NAME	SARGENT, LON			3.2 NAME	
STREET ADDRESS	3531 NW 30TH AVE			3.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064			3.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	
NAME	MEAD, SHIRLEY			4.2 NAME	
STREET ADDRESS	800 S. OCEAN BLVD. #509			4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33341			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		Treasurer 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		Thomas Campbell			
1.3 STREET ADDRESS		101 NW 17th Court, Pompano Beach Fl 33062			
1.4 CITY-ST-ZIP					
2.1 TITLE		Jr. Warden V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		Fred Pratley			
2.3 STREET ADDRESS		PO Box 10368 1816 SW 4th Ave			
2.4 CITY-ST-ZIP		Pompano Beach F. 33061			
3.1 TITLE		Sr. Warden P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		Lon Sargent			
3.3 STREET ADDRESS		3531 NW 30th Avenue			
3.4 CITY-ST-ZIP		Lighthouse Point, Fl 33064			
4.1 TITLE		Clerk of the Vestry S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME		Marion Swares			
4.3 STREET ADDRESS		2621 NE 1st Street #6			
4.4 CITY-ST-ZIP		Pompano Beach, F. 33062			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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 changed, or on an attachment with an address.					
SIGNATURE: <u>Marion C Swares</u> July 6, 1998 (954) 941-4843					

CR2E037 (5/98)