


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90095 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713478

1. Corporation Name

ST. RICHARD'S CHURCH

Principal Place of Business

5151 LAKE HOWELL ROAD
WINTER PARK FL 32792-1027

Mailing Address

5151 LAKE HOWELL ROAD
WINTER PARK FL 32792-1027

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/17/1967	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0863669	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		30		Applied For <input type="checkbox"/>	
				Not Applicable <input checked="" type="checkbox"/>	
				8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GARVIN, GRAYSON B.
 4394 WEEPING WILLOW CIR
 CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name **RICHARD J. BOWMAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
968 ST. CROIX AVENUE
 83
 84 City **APOPKA** FL 85 Zip Code **32703**

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 **RICHARD J. BOWMAN** *Richard J. Bowman* **4/7/99**
 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. KUECZYNSKI, GERALD	1.2 NAME	
STREET ADDRESS	1002 MCCALL CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARVIN, GRAYSON B.	2.2 NAME	BOWMAN, RICHARD J.
STREET ADDRESS	4394 WEEPING WILLOW CIR	2.3 STREET ADDRESS	968 ST. CROIX AVE
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, DAVID S.	3.2 NAME	
STREET ADDRESS	8006 NASHUA LANE	3.3 STREET ADDRESS	877 Brock St.
CITY-ST-ZIP	ORLANDO FL 32817	3.4 CITY-ST-ZIP	WINTER PARK, FL 32789-1402
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. RODE, MARK	4.2 NAME	
STREET ADDRESS	1736 GRINNELL TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

(407) 894-6803

Date

Daytime Phone #

CR2E037 (11/98)