FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 APR 26 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714982 (6)

1. Corporation Name

SAINT CHRISTOPHER EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
1063 N HAVERHILL RD WEST PALM BEACH FL 33417	1063 N HAVERHILL RD WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1968
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-1466024 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRISTOPER D. KELLY 1063 N.HAVERHILL RD. WEST PALM BEACH FL 33417	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	CLELAND, CHUNCEY	12 NAME		
STREET ADDRESS	960 WOODLAND AVE	13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	20100145T242	
NAME	KELLY, CHRISTOPHER D	22 NAME	-047/27/95--01[illegible]-014	☐ Change ☐ Addition
STREET ADDRESS	1063 N HAVERHILL RD	23 STREET ADDRESS	*****61.25 *****61.25	
CITY-ST-ZIP	W PALM BCH, FL 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	WALKER, CHARLES	32 NAME	TRUMPIE ALLEN	
STREET ADDRESS	6720 KATHERINE RD	33 STREET ADDRESS	1314 BARRINGTON DR.	
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP	W. P. BCH., FL. 33406	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ARANDO, ROBERT	42 NAME		
STREET ADDRESS	1140 CHERYL ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	TAW 4/26/95	☐ Change ☐ 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)(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: C. Lo Cleland 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

004447