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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

(6)

SAINT CHRISTOPHER EPISCOPAL CHURCH, INC.

FILED Feb 13 1997 8:00am Secretary of State



NAME CLELAND, CHUNCEY 1.2 NAME 1.3 STREET ADDRESS 960 WOODLAND AVE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP WEST PALM BEACH FL 1.4 CITY-ST-ZIP Change Addition	Principal Plac	e of Business	Malling Address			· ·				
2. Principal Floce of Business 2a. Mailing Address 2b. Mailing				33417-5805						
Suite, Apt. #, etc.										
Suite, Apit. #, etc.		Place of Business	— ·							''
City & State City & State City & State City & State City & State City & State City & State Country Zip Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<u> </u>		\$8.75	Additional
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip	City & Stat	е	City & State						\$5.00	May Be
9. Name and Address of Current Registered Agent CHRISTOPER D. KELLY 1083 N.HAVERHILL RD. WEST PALM BEACH FL 33417 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 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, 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 spent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature hydrod or printed nems or registered agent and similar placetable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE TO CLELAND, CHUNCEY 12. WAST PALM BEACH FL 13. SIRET ADDRESS CITY-S1-2IP WEST PALM BEACH FL 14. CITY-S1-2IP TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE CHange Additional Additional Acceptable of the provision of	Zıp	├ ─┐	Zip		ntry		8. This corporation has liability for	intangible	tax under s	
CHRISTOPER D. KELLY 1063 N.HAVERHILL RD. WEST PALM BEACH FL 33417 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 City FL 86 City FL 86 Street Address (P.O. Box Number is Not Acceptable) 87 88 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 41. 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 of the provision of the provision of the purpose of changing its 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, 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, and accept the obligations of Sections 17.0503. Plorida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. The DELETE 1.1 ITLE CLELAND, CHUNCEY 980 WOODLAND AVE 1.3 STREET ADDRESS CITY-51-2P WEST PALM BEACH FL LAOITY-51-2P ITLE VD OBLETE 1.1 ITLE VD OBLETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-51-2P ITLE VD OBLETE 1.4 LOITY-51-2P ITLE VD OBLETE 1.5 JOG ROAD 3.5 STREET ADDRESS OCHY-51-2P TRUMB BCH FL OBLETE 4.1 TITLE DELETE 4.1 TITLE Change Additional Chan	24			, au						
1083 N.HAVERHILL RD. WEST PALM BEACH FL 33417 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 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 Signature Signature Typed or printed nema for requisives apent and their applicable. INOTE Programed Agent signature requised when retretating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TITLE TO DELETE 1.1.TITLE DELETE 1.1.TITLE PD DELETE 1.1.TITLE PD DELETE 2.1.TITLE DELETE 2.1.TITLE DELETE 2.2.TITLE DELETE 2.2.TITLE DELETE 3.4.TITLE DELETE 3		9. 1101110 0110 1100 0100 01	Tringletorou rigorit	-	81	Name				
WEST PALM BEACH FL 33417 B4					82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	···	4
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 registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applications of, Section 617.0503, Florida Statutes. SIGNATURE Signature bysed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when rehrstating) DATE OFFICERS AND DIRECTORS IN 12 TITLE TD OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE DAME SIREET ADDRESS 960 WOODLAND AVE 1.3 STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZiP WAME SIREET ADDRESS 1.5 JOG ROAD WAME SIREET ADDRESS 1.5 JOG ROAD DELETE 1.5 TITLE DELETE 1.5 TITLE DELETE 1.6 Change Addition Addition TRUMPIE, ALLEN 1.15 BARRINGTON ROAD 4.3 STREET ADDRESS CITY-ST-ZiP WEST PALM BEACH FL 1.4 TITLE DELETE 1.5 TITLE DELETE 1.5 TITLE DELETE 1.6 TITLE DELETE 1.7 TITLE DELETE					83					,
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 registere 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 application of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application of the state of Florida Statutes. SIGNATURE Signature hyped or printed name of registered agent and like if applicable. (NOTE Registered Agent signature required when retraining) DATE				ļ	84	City		FL	85 Zip	Code
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14. I do hereby certify that the information supplied with this filling 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 13 or Block 13 if changed, or on an attachment with an address.

683 - 8767

Daytime Phone # 0038290