

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 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 # 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 33417-5805	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHRISTOPHER 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 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 _____ 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	1.1 TITLE	
NAME	CLELAND, CHUNCEY	1.2 NAME	
STREET ADDRESS	960 WOODLAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	KELLY, CHRISTOPHER D	2.2 NAME	
STREET ADDRESS	1063 N HAVERHILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	BLASH, TIM	3.2 NAME	
STREET ADDRESS	155 JOG ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	TRUMPIE, ALLEN	4.2 NAME	
STREET ADDRESS	1315 BARRINGTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
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>[Signature]</i> WILLIAM W. WILSON		2/4/97 683-8167 Date Daytime Phone # 0036290	



CR2E037 (9/96)