

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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WEST PALM BEACH FL 33417



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

3. Date Incorporated or Qualified	07/22/1968
4. FEI Number	59-1466024
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. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	CLELAND, GEORGE CHAUNCEY	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	☐ Change ☐ Addition
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	☐ Change ☒ Addition
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	☐ Change ☒ Addition
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	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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.

SIGNATURE: *The Rev. Christopher D. Kelly* 1/16/98 561-683-8167

CR2E037 (10/97)