

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

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725307** (3)

1. Corporation Name
ST. ANNE'S EPISCOPAL CHURCH OF CRYSTAL RIVER, IN C.

Principal Place of Business Mailing Address
**9870 WEST FORT ISLAND TRAIL
PO BOX 274
CRYSTAL RIVER FL 32629-0274**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1973	3a. Date of Last Report 02/01/1994
4. FEI Number 59-1751957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**GREEN, W. T.
9030 W FORT ISLAND TRAIL
CRYSTAL RIVER FL 32629**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIN, RUSSELL
STREET ADDRESS	9870 W. FT. ISLAND TRAIL
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	S
NAME	VAN HORN, BERTHA
STREET ADDRESS	7898 W FERN PLACE
CITY - ST - ZIP	HOMOSASSA SPRGS FL
TITLE	T
NAME	BROWN, DIANA
STREET ADDRESS	JOY POINT
CITY - ST - ZIP	HOMOSASSA SPRINGS FL
TITLE	VD
NAME	LATIFF, STEPHEN
STREET ADDRESS	9255 W HARBOR ISLE CT
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	VD
NAME	CABLE, RAY
STREET ADDRESS	704 EAST EVERETT LANE
CITY - ST - ZIP	HERNANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VD
43 STREET ADDRESS	ROBERT BRUCE
44 CITY - ST - ZIP	249 W. GOLDEN TUFT CT. BEVERLY HILLS, FL 34465
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VD
53 STREET ADDRESS	MICHAEL MARZOLI
54 CITY - ST - ZIP	25 N. COUNTRY CLUB CRYSTAL RIVER, FL 34429
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), 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: Sandra K. Brm Date: 5-1-95 (Type in Three's) (04) 795-2176