

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

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**

**9870 WEST FORT ISLAND TRAIL
 PO BOX 274
 CRYSTAL RIVER FL 32629-0274**

3. Date Incorporated or Qualified
01/08/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1751957

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

**GREEN, W. T.
 9030 W FORT ISLAND TRAIL
 CRYSTAL RIVER FL 32629**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D**
GRIFFIN, RUSSELL
 STREET ADDRESS **9870 W. FT. ISLAND TRAIL**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S**
VAN HORN, BERTHA
 STREET ADDRESS **7898 W FERN PLACE**
 CITY-ST-ZIP **HOMOSASSA SPRGS FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **Y**
BROWN, DIANA
 STREET ADDRESS **JOY POINT**
 CITY-ST-ZIP **HOMOSASSA SPRINGS FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD**
BRUCE, ROBERT
 STREET ADDRESS **249 W GOLDEN TUFT CT**
 CITY-ST-ZIP **BEVERLY HILLS FL**

4.1 TITLE Change Addition
 4.2 NAME **VD**
DICKERSON, BENJAMIN
 4.3 STREET ADDRESS **6098 N. WHITE PALM WAY**
 4.4 CITY-ST-ZIP **BEVERLY HILLS, FL 33465**

TITLE DELETE
 NAME **VD**
MANZOLA, MICHAEL
 STREET ADDRESS **25 N COUNTRY CLUB**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

5.1 TITLE Change Addition
 5.2 NAME **VD**
BERT BAKER
 5.3 STREET ADDRESS **7416 W. 7 RIVER DR.**
 5.4 CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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)(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:

Diana K. Brown

6-9-96

352 795-2176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA K. BROWN

Date

Daytime Phone #

CR2E037 (3/96)