

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 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 # 725307 (3)

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



Principal Place of Business 9870 WEST FORT ISLAND TRAIL PO BOX 274 CRYSTAL RIVER FL 32629-0274	Mailing Address 9870 WEST FORT ISLAND TRAIL PO BOX 274 CRYSTAL RIVER FL 32629-0274
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3. Date Incorporated or Qualified 01/08/1973	
4. FEI Number 59-1751957	Applied For <input type="checkbox"/> Not Applicable

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

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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	
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIFFIN, RUSSELL
STREET ADDRESS	9870 W. FT. ISLAND TRAIL
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	S <input type="checkbox"/> DELETE
NAME	VAN HORN, BERTHA
STREET ADDRESS	7898 W FERN PLACE
CITY-ST-ZIP	HOMOSASSA SPRGS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BROWN, DIANA
STREET ADDRESS	JOY POINT
CITY-ST-ZIP	HOMOSASSA SPRINGS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MARTIN, BARBARA
STREET ADDRESS	1125 N CRESSENT DRIVE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BERT BAKKER
STREET ADDRESS	7416 W. 7 RIVERS DR.
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____

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