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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725307

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/08/1973

22 City & State

27 City & State

4. FEI Number

Applied For
 Not Applicable

59-1751957

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 T
 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
 MARTIN, BARBARA
 STREET ADDRESS 1125 N CRESENT DRIVE
 CITY-ST-ZIP CRYSTAL RIVER FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME VD
 BERT BAKKER
 STREET ADDRESS 7416 W. 7 RIVERS DR.
 CITY-ST-ZIP CRYSTAL RIVER FL

5.1 TITLE Change Addition
 5.2 NAME JUNIOR WARDEN
 5.3 STREET ADDRESS CHARLES DAVIS
 6315 N. MISTY OAK TERR.
 5.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465

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 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, with all other like empowered.

SIGNATURE: DIANA BROWN 2-16-99 (352) 795-2176
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)