

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 728761 (8)

1. Corporation Name
SAINT EDWARDS EPISCOPAL CHURCH



Principal Place of Business: C/O REV. ROBERT I. MAURIS, P.O. BOX 455 - 460 N. GRANDVIEW ST, MOUNT DORA FL 32757
Mailing Address: C/O REV. ROBERT I. MAURIS, P.O. BOX 455 - 460 N. GRANDVIEW ST, MOUNT DORA FL 32757

3. Date Incorporated or Qualified: 01/08/1974
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-1021915
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**MAURIS, ROBERT I.
460 N. GRANDVIEW STREET
MOUNT DORA FL**

10. Name and Address of New Registered Agent
81 Name: **Del G. Potter, Attorney-at-Law**
82 Street Address (P.O. Box Number is Not Acceptable): **308 E. Fifth Avenue**
83
84 City: **Mount Dora** FL 85 Zip Code: **32757**

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 617.0502, Florida Statutes.
SIGNATURE: *Del G. Potter* *Martha L. Woodson* DATE: **February 23, 1996**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAURIS, ROBERT I	
STREET ADDRESS	460 N GRANDVIEW ST	
CITY - ST - ZIP	MT DORA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PITONIAK, ROBERT E.	
STREET ADDRESS	28448 TAMMI DR.	
CITY - ST - ZIP	TAVARES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, DALE D	
STREET ADDRESS	3921 LAKESHORE DR	
CITY - ST - ZIP	MOUNT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODSON, MARTHA L	
STREET ADDRESS	2796 NORTHLAND RD	
CITY - ST - ZIP	MT DORA, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALDERMAN, KAY I	
STREET ADDRESS	7360 LAKE OLA CIRCLE	
CITY - ST - ZIP	TANGERINE FL 32777	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shipes, Dorothy C.	
1.3 STREET ADDRESS	807 Clayton Street	
1.4 CITY - ST - ZIP	Mt. Dora FL 32757	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pitoniak, Robert E.	
2.3 STREET ADDRESS	28448 Tammi Drive	
2.4 CITY - ST - ZIP	Tavares FL 32778	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dufour, Elizabeth H.	
3.3 STREET ADDRESS	2180 Washington Road	
3.4 CITY - ST - ZIP	Mt. Dora FL 32757	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Woodson, Martha L.	
4.3 STREET ADDRESS	2796 Northland Road	
4.4 CITY - ST - ZIP	Mt. Dora FL 32757	
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 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: *Martha L. Woodson* Martha L. Woodson 2/23/96 (352) 383-2832

CR2E037 (12/95)