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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728761 (8)

1. Corporation Name
SAINT EDWARDS EPISCOPAL CHURCH



Principal Place of Business C/O REV. ROBERT I. MAURAS P.O. BOX 455 - 460 N. GRANDVIEW ST MOUNT DORA FL 32757	Mailing Address C/O REV. ROBERT I. MAURAS P.O. BOX 455 - 460 N. GRANDVIEW ST MOUNT DORA FL 32757-5676
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3. Date Incorporated or Qualified 01/08/1974	3a. Date of Last Report 02/28/1996
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2. Principal Place of Business 21 460 N. Grandview St. Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 455 Suite, Apt. #, etc.
22 City & State 23 Mount Dora FL	27 City & State 28 Mount Dora FL
24 Zip 32757 25 Country USA	29 Zip 32756 30 Country USA

4. FEI Number 59-1021915	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POTTER, DEL G. A
308 E FIFTH AVENUE
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIPES, DOROTHY C.	
STREET ADDRESS	807 CLAYTON STREET	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PITONIAK, ROBERT E.	
STREET ADDRESS	28448 TAMMI DR.	
CITY-ST-ZIP	TAVARES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DUFOUR, ELIZABETH H.	
STREET ADDRESS	2180 WASHINGTON ROAD	
CITY-ST-ZIP	MT. DORA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODSON, MARTHA L	
STREET ADDRESS	2796 NORTHLAND RD	
CITY-ST-ZIP	MT DORA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rev. Michael Schnatterly	
1.3 STREET ADDRESS	595 Seneca Oaks Circle	
1.4 CITY-ST-ZIP	Mount Dora FL 32757	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gordon Warner	
2.3 STREET ADDRESS	445 St. John's Road	
2.4 CITY-ST-ZIP	TAVARES FL 32778	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Blackall	
3.3 STREET ADDRESS	13606 Berkshire Court	
3.4 CITY-ST-ZIP	Grand Island FL 32735	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Wilson	
4.3 STREET ADDRESS	2105 Normandy Drive	
4.4 CITY-ST-ZIP	Mount 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 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:  **Rev. Michael Schnatterly**
2/5/97 (352)383-2832

CR2E037 (9/96)