

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728761 (8)**

1. Corporation Name  
**SAINT EDWARDS EPISCOPAL CHURCH**



Principal Place of Business <b>460 N GRANDVIEW ST                  MT DORA FL 32757                  US</b>	Mailing Address <b>PO BOX 455                  MT DORA FL 32756                  US</b>
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3. Date Incorporated or Qualified <b>01/08/1974</b>	
4. FEI Number <b>59-1021915</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$5.00 May Be Added to Fees</b>	
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	

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

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	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 checked="" type="checkbox"/> DELETE
NAME	SHIPES, DOROTHY C.	
STREET ADDRESS	807 CLAYTON STREET	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARNER, GORDON	
STREET ADDRESS	445 ST JOHN'S RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACKALL, DAVID	
STREET ADDRESS	13606 BERKSHIRE CT	
CITY-ST-ZIP	GRAND ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODSON, MARTHA L	
STREET ADDRESS	2796 NORTHLAND RD	
CITY-ST-ZIP	MT DORA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHNATTERLY, MICHAEL REV	
STREET ADDRESS	595 SENECA OAKS CIR	
CITY-ST-ZIP	MT DORA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, ROBERT	
STREET ADDRESS	2105 NORMANDY DR	
CITY-ST-ZIP	MT DORA FL	

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	Gary J. Hopcraft	
1.3 STREET ADDRESS	1715 1/2 First Avenue	
1.4 CITY-ST-ZIP	Mount Dora, FL	
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: *Michael D. Schnatterly*  
 Rev. Michael D. Schnatterly  
 February 11, 1998 (352)383-2832

CR2E037 (10/97)