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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 728761

1. Corporation Name

SAINT EDWARDS EPISCOPAL CHURCH

Principal Place of Business

460 N GRANDVIEW ST
 MT DORA FL 32757
 US

Mailing Address

PO BOX 455
 MT DORA FL 32756
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

01/08/1974

4. FEI Number

59-1021915

Applied For:
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD DELETE
 NAME HOPCRAFT, GARY F
 STREET ADDRESS 1715 1/2 1ST AVE
 CITY-ST-ZIP MOUNT DORA FL

TITLE VD DELETE
 NAME WARNER, GORDON
 STREET ADDRESS 445 ST JOHN'S RD
 CITY-ST-ZIP TAVARES FL

TITLE SD DELETE
 NAME BLACKALL, DAVID
 STREET ADDRESS 13606 BERKSHIRE CT
 CITY-ST-ZIP GRAND ISLAND FL

TITLE TD DELETE
 NAME WOODSON, MARTHA L
 STREET ADDRESS 2796 NORTHLAND RD
 CITY-ST-ZIP MT DORA, FL 00000

TITLE PD DELETE
 NAME SCHNATTERLY, MICHAEL REV
 STREET ADDRESS 595 SENECA OAKS CIR
 CITY-ST-ZIP MT DORA FL

TITLE TD 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME SD
 2.3 STREET ADDRESS Angermeier, Paula
 2.4 CITY-ST-ZIP -12800 Double Run Road
 Astatula, FL

3.1 TITLE Change Addition
 3.2 NAME VD
 3.3 STREET ADDRESS Blackall, David
 3.4 CITY-ST-ZIP 2858 Tremont Drive
 Eustis, FL

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

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

(352) 383-2832

Date

Daytime Phone #

CR2E037 (11/98)