

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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50 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 730992 (5)
1. Corporation Name
ST. THOMAS EPISCOPAL CHURCH

Principal Place of Business Mailing Address
317 S MARY ST. P.O. BOX 1536 EUSTIS FL 32726 US
317 S MARY ST. P.O. BOX 1536 EUSTIS FL 32726 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 317 S. MARY ST
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 EUSTIS FL
24 Zip 25 Country 29 32726 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1974 3a. Date of Last Report 05/01/1994

4. FEI Number 59-0951532 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BUJE, PATRICIA
1725 HAMILTON ST
EUSTIS FL 32726

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE Patricia Buje Parish Secretary DATE 4-30-95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	TARVER, CLAUDE
STREET ADDRESS	1006 PINE MEADOW DR.
CITY-ST-ZIP	EUSTIS FL
TITLE	P
NAME	HARDMAN, CHRISTOPHER
STREET ADDRESS	410 E. WASHINGTON AVE.
CITY-ST-ZIP	EUSTIS FL
TITLE	D
NAME	KIEFER, RICHARD
STREET ADDRESS	16221 WILSON PARRISH RD.
CITY-ST-ZIP	UMATILLA FL
TITLE	D
NAME	STRICKLEN, LEON
STREET ADDRESS	13900 YALE HAMMOCK RD.
CITY-ST-ZIP	UMATILLA FL
TITLE	S
NAME	SMYDER, PEGGY
STREET ADDRESS	1 ORANGE BLOSSOM CT.
CITY-ST-ZIP	EUSTIS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Zaleski, Hope
43 STREET ADDRESS	Po Box 731
44 CITY-ST-ZIP	Eustis, FL 32727
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: Christopher Hardman DATE 4-30-95 (904) 357-4358
Signature typed or printed name of signing officer or director. (Title) (Signature Phone #)