

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



Principal Place of Business 317 S MARY ST. P.O. BOX 1536 EUSTIS FL 32726 US		Mailing Address 317 S. MARY ST P.O. BOX 1536 EUSTIS FL 32726 US		3. Date Incorporated or Qualified 10/23/1974	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0951532	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVER, CLAUDE	1.2 NAME	S Long, JO ANN
STREET ADDRESS	1006 PINE MEADOW DR.	1.3 STREET ADDRESS	37315 OAK LANE
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	UMATILLA FL 32784
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDMAN, CHRISTOPHER	2.2 NAME	D & VP
STREET ADDRESS	410 E. WASHINGTON AVE.	2.3 STREET ADDRESS	HOPE ZALESKI
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	PO Box 731
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIEFER, RICHARD	3.2 NAME	ALLEN CARR
STREET ADDRESS	16221 WILSON PARRISH RD.	3.3 STREET ADDRESS	36506 SCOTTSDALE DRIVE
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	GRAND ISLAND FL 32735
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALESKI, HOPE	4.2 NAME	
STREET ADDRESS	P.O. BX731	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYDER, PEGGY	5.2 NAME	
STREET ADDRESS	1 ORANGE BLOSSOM CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* Date: S-22-96 Daytime Phone #: 352-357-4358

CR2E037 (12/95)