

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 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 # 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 32726-4201 US
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3. Date Incorporated or Qualified 10/23/1974	3a. Date of Last Report 05/29/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
21	2a
22	27
23	28
24	29
25	30

4. FEI Number 59-0951532	Applied For <input type="checkbox"/> 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 type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, JO ANN	1.2 NAME	GAIL CARLSON
STREET ADDRESS	37315 OAK LANE	1.3 STREET ADDRESS	16535 ORANGE AVE
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	UMATILLA FL 32784
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDMAN, CHRISTOPHER	2.2 NAME	MARJORIE HAMILTON
STREET ADDRESS	410 E. WASHINGTON AVE.	2.3 STREET ADDRESS	33303 LAKE BEND CIRCLE
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	LEESBURG FL 34788
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN CARR	3.2 NAME	MARJORIE CARTER
STREET ADDRESS	38506 SCOTTSDALE DRIVE	3.3 STREET ADDRESS	533 HAWLEY ST
CITY-ST-ZIP	GRAND ISLAND FL	3.4 CITY-ST-ZIP	EUSTIS FL 32726
TITLE	D <input checked="" type="checkbox"/> DELETE	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	DVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE ZALESKI	5.2 NAME	
STREET ADDRESS	P. O. BOX 731	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 _____ DATE _____

CR2E037 (9/96)