

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |   |
|---|---|
| Principal Place of Business<br><b>317 S MARY ST.<br/>P.O. BOX 1536<br/>EUSTIS FL 32726<br/>US</b> | Mailing Address<br><b>317 S. MARY STREET<br/>P.O. BOX 1536<br/>EUSTIS FL 32726<br/>US</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/23/1974</b>   |  |
| 4. FEI Number<br><b>59-0951532</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input 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 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. Country                    | 30. Country             |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>BUIE, PATRICIA<br/>1725 HAMILTON ST<br/>EUSTIS FL 32726</b> | 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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | DVP <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GARLSON GAIL</b>                            | 1.2 NAME  |  |
| STREET ADDRESS             | <b>16535 ORANGE AVE</b>                        | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>UMATILLA FL</b>                             | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | P <input type="checkbox"/> DELETE              | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HARDMAN, CHRISTOPHER</b>                    | 2.2 NAME  |  |
| STREET ADDRESS             | <b>410 E. WASHINGTON AVE.</b>                  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>EUSTIS FL</b>                               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DVP <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ALLEN CARR</b>                              | 3.2 NAME  | <b>DVP KIEFER, RICHARD</b>   |
| STREET ADDRESS             | <b>36506 SCOTTSDALE DRIVE</b>                  | 3.3 STREET ADDRESS                                    | <b>16221 WILSON PARRISH RD</b>   |
| CITY-ST-ZIP                | <b>GRAND ISLAND FL</b>                         | 3.4 CITY-ST-ZIP                                       | <b>UMATILLA, FL 32184</b>  |
| TITLE                      | S <input checked="" type="checkbox"/> DELETE   | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HAMILTON, MARJORIE</b>                      | 4.2 NAME  | <b>S HAMILTON, BRUCE</b>   |
| STREET ADDRESS             | <b>33303 LAKE BEN CIRCLE</b>                   | 4.3 STREET ADDRESS                                    | <b>33303 LAKE BENA CIRCLE</b>  |
| CITY-ST-ZIP                | <b>LEESBURG FL</b>                             | 4.4 CITY-ST-ZIP                                       | <b>LEESBURG FL 34188</b>   |
| TITLE                      | T <input type="checkbox"/> DELETE              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CARTER, MARJORIE</b>                        | 5.2 NAME  |  |
| STREET ADDRESS             | <b>633 HAWLEY STREET</b>                       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>EUSTIS FL</b>                               | 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 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: *Richard Kiefer* President 5-14-98 (352) 357-4358

CR2E037 (10/97)