


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90100 024 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730992**

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 STREET P.O. BOX 1536 EUTIS FL 32726 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/23/1974
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-0951532
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	

9. Name and Address of Current Registered Agent <b>BUJE, PATRICIA</b> <b>1725 HAMILTON ST</b> <b>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 <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARLSON GAIL	1.2 NAME	DVP
STREET ADDRESS	16535 ORANGE AVE	1.3 STREET ADDRESS	CAMPIONE, DAVID
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	34317 WINDLEY CIRCLE
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	EUSTIS, FL 32726
NAME	HARDMAN, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	410 E. WASHINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEFER, RICHARD	3.2 NAME	
STREET ADDRESS	16221 WILSON PARRISH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, BRUCE	4.2 NAME	
STREET ADDRESS	33303 LAKE BEND CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MARJORIE	5.2 NAME	
STREET ADDRESS	533 HAWLEY STREET	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 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Bujé* **SIGNATURE REQUIRED** 442-99 (352) 357-4358  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037-(1-1/98)