

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 # 732350 (4)

1. Corporation Name

ST. CATHERINE'S EPISCOPAL CHURCH, INC.



Principal Place of Business

Mailing Address

502 DRUID HILLS RD.
TEMPLE TERRACE FL 33617-0853

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TEMPLE TERRACE FL 33617-0853

3. Date Incorporated or Qualified
04/03/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6509496

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NERTNEY, JOHN
6719 WHITEWAY DRIVE
TEMPLE TERRACE FL 33617

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	SR. WARDEN - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NERTNEY, JOHN	1.2 NAME	RIVERS TYLER
STREET ADDRESS	6719 WHITEWAY DRIVE	1.3 STREET ADDRESS	6345 BENTBRANCH CT.
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	JR. WARDEN - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, JOHN D.	2.2 NAME	PHIL CHANNELL
STREET ADDRESS	8001 SPRING AVE	2.3 STREET ADDRESS	1608 STATE ROAD 574
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYNES, RONALD REV.	3.2 NAME	
STREET ADDRESS	12221 WOOD DUCK PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERARD, MARK	4.2 NAME	
STREET ADDRESS	11104 N. 21ST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, ANN M.	5.2 NAME	
STREET ADDRESS	802 HERCHEL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96

Date

813 988 6483

Daytime Phone #

CR2E037 (12/95)