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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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. 502 DRUID HILLS RD.
TEMPLE TERRACE FL 33617-0853 TEMPLE TERRACE FL 33617-3853

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/03/1975 | 3a. Date of Last Report 02/16/1996 |
| 21 | 22 | 23 | 24 | 4. FEI Number 59-6509496 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 |

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 | T | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NERTNEY, JOHN | 1.2 NAME | |
| STREET ADDRESS | 6719 WHITEWAY DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEMPLE TERRACE FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIVER, TYLER | 2.2 NAME | |
| STREET ADDRESS | 8345 BENTBRANCH COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEMPLE TERRACE FL | 2.4 CITY-ST-ZIP | |
| TITLE | P | 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 | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" 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 | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANNELL, PHIL | 5.2 NAME | |
| STREET ADDRESS | 1808 STATE ROAD 574 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEFFNER 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 | |

*JESSE WIGGINS
615 BANNOCKBURN AVE.
TEMPLE TERRACE, FL 33617*

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.

CR2E037 (9/96)