

FILE-NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:39

DOCUMENT # 738515 (6)

1. Corporation Name

ST. JOHN'S EPISCOPAL CHURCH OF PINE ISLAND, INC.

Principal Place of Business

Mailing Address

7771 STRINGFELLOW RD NW
ST JAMES CITY FL 33956

7771 STRINGFELLOW RD NW
ST JAMES CITY FL 33956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1977

3a. Date of Last Report

01/21/1994

4. FEI Number

59-1760883

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

COMFORT, C. ALEXANDER REV.
7771 STRINGFELLOW RD NW
ST JAMES CITY FL 33956

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

C. A. Comfort

REV. C. A. COMFORT, VICAR

1/17/95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

COMFORT, REV. C.A.

STREET ADDRESS

16271 MCNEFF RD

CITY-ST-ZIP

BOKEELIA FL

1.1 TITLE

SD

1.2 NAME

WALCHER, JUNE

1.3 STREET ADDRESS

2772 YORK RD.

1.4 CITY-ST-ZIP

ST. JAMES CITY, FL 33956

Change

Addition

TITLE

V

NAME

SCHWARTZ, GUNTHER

STREET ADDRESS

2763 8TH AVENUE

CITY-ST-ZIP

ST. JAMES CITY FL

2.1 TITLE

D

2.2 NAME

CUPPLES, HOWARD

2.3 STREET ADDRESS

5040 CURLEW ST.

2.4 CITY-ST-ZIP

ST. JAMES CITY, FL 33956

Change

Addition

TITLE

T

NAME

CLIFFORD, SHIRLEY

STREET ADDRESS

3331 SE 8TH PL

CITY-ST-ZIP

CAPE CORAL FL

3.1 TITLE

D

3.2 NAME

CRISPI, HAROLD

3.3 STREET ADDRESS

11854 ROYAL TEE CIRCLE

3.4 CITY-ST-ZIP

CAPE CORAL, FL 33991

Change

Addition

TITLE

~~SD~~

NAME

~~KING, JOHN~~

STREET ADDRESS

~~3833 CHERRY LANE, LOT 42~~

CITY-ST-ZIP

~~ST. JAMES CITY FL~~

4.1 TITLE

D

4.2 NAME

CHAMPLIN, LINDA

4.3 STREET ADDRESS

~~P.O. BOX 723 - 285 SW 8th PL.~~

4.4 CITY-ST-ZIP

MATLAGHA, FL 33909

Change

Addition

TITLE

D

NAME

SPEIGEL, JOAN

STREET ADDRESS

2498 CHERIMOYA LANE

CITY-ST-ZIP

ST. JAMES CITY FL

5.1 TITLE

D

5.2 NAME

SMITH, PENNY

5.3 STREET ADDRESS

~~P.O. BOX 440 - 2140 PTH AVE~~

5.4 CITY-ST-ZIP

ST. JAMES CITY FL

Change

Addition

TITLE

D

NAME

SMITH, PENNY

STREET ADDRESS

~~P.O. BOX 440 - 2140 PTH AVE~~

CITY-ST-ZIP

ST. JAMES CITY FL

6.1 TITLE

D

6.2 NAME

SMITH, PENNY

6.3 STREET ADDRESS

~~P.O. BOX 440 - 2140 PTH AVE~~

6.4 CITY-ST-ZIP

ST. JAMES CITY FL

Change

Addition

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)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Shirley E. Clifford

SHIRLEY E. CLIFFORD, TREASURER

1/17/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 24, 1995

ST. JOHN'S EPISCOPAL CHURCH OF PINE ISLAND, INC.
7771 STRINGFELLOW RD NW
ST JAMES CITY, FL 33956

SUBJECT: ST. JOHN'S EPISCOPAL CHURCH OF PINE ISLAND, INC.
Ref. Number: 738515

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

List the street address of each officer/director in block 12 or 13. If the officer or director does not have a street address, list the mailing address and write (N/A).

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Toyanna Henderson
Annual Report Section

Letter number: 995A00002942

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