

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738515 (6)
1. Corporation Name
ST. JOHN'S EPISCOPAL CHURCH OF PINE ISLAND, INC.



Principal Place of Business: **7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956**
Mailing Address: **7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956**

3. Date Incorporated or Qualified: **03/30/1977**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **59-1760883**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**COMFORT, C. ALEXANDER REV.
7771 STRINGFELLOW RD NW
ST JAMES CITY FL 33956**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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: *C. A. Comfort* 1/26/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALCHER, JUNE	
STREET ADDRESS	2772 YORK RD	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUPPLES, HOWARD	
STREET ADDRESS	5040 CURLEW ST	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRISPI, HAROLD	
STREET ADDRESS	11854 ROYAL TEE CIRCLE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMPLIN, LINDA	
STREET ADDRESS	28 W 8TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPEIGEL, JOAN	
STREET ADDRESS	2498 CHERIMOYA LANE	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, PENNY	
STREET ADDRESS	2140 8TH AVE	
CITY-ST-ZIP	ST. JAMES CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALCHER, JUNE	
1.3 STREET ADDRESS	2772 YORK RD	
1.4 CITY-ST-ZIP	ST. JAMES CITY FL 33956	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COMFORT, REV. C.A.	
2.3 STREET ADDRESS	16271 MCNEFF RD	
2.4 CITY-ST-ZIP	BOKEELIA, FL 33922	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLIFFORD, SHIRLEY	
3.3 STREET ADDRESS	3331 SE 8TH PL	
3.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMITH, NANCY	
4.3 STREET ADDRESS	16201 AURA LANE	
4.4 CITY-ST-ZIP	BOKEELIA FL 33922	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STREET. JOHN	
5.3 STREET ADDRESS	P.O. BOX 136	
5.4 CITY-ST-ZIP	BOKEELIA FL 33922	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Shirley E. Clifford* SHIRLEY E. CLIFFORD, TREASURER 1/26/96 (941)283-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)