

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 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 # 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 33956-2805

3. Date Incorporated or Qualified 03/30/1977
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 25 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-1760883 Applied For Not Applicable
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

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
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 The Rev C A Comfort Vicar 2-17-97
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	T
NAME	WALCHER, JUNE	1.2 NAME	SHIRLEY CLIFFORD
STREET ADDRESS	2772 YORK RD	1.3 STREET ADDRESS	3331 S.E. 8TH PLACE
CITY-ST-ZIP	ST JAMES CITY FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D	2.1 TITLE	D
NAME	CUPPLES, HOWARD	2.2 NAME	SCHWARTZ, GUNTHER
STREET ADDRESS	5040 CURLEW ST	2.3 STREET ADDRESS	2673 8TH AVENUE
CITY-ST-ZIP	ST JAMES CITY FL	2.4 CITY-ST-ZIP	ST JAMES CITY FL
TITLE	D	3.1 TITLE	D
NAME	CRISPI, HAROLD	3.2 NAME	MARGARET RISKE
STREET ADDRESS	11854 ROYAL TEE CIRCLE	3.3 STREET ADDRESS	5481 BLUE CRAB KEY T4
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	BOKEELIA, FL
TITLE	D	4.1 TITLE	
NAME	CHAMPLIN, LINDA	4.2 NAME	
STREET ADDRESS	28 W 8TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STREET, JOHN	5.2 NAME	
STREET ADDRESS	P O BOX 136 2 NAUTILUS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	SMITH, PENNY	6.2 NAME	JOHN STREET
STREET ADDRESS	2140 8TH AVE	6.3 STREET ADDRESS	P.O. BOX 136 2 NAUTILUS WAY
CITY-ST-ZIP	ST. JAMES CITY FL	6.4 CITY-ST-ZIP	BOKEELIA, FL

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.

SIGNATURE: Shirley Clifford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-17-97
Daytime Phone #: 941-549-1937

CR2E037 (9/96)