

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738515 (6)**  
1. Corporation Name  
**ST. JOHN'S EPISCOPAL CHURCH OF PINE ISLAND, INC.**



Principal Place of Business <b>7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956</b>	Mailing Address <b>7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956</b>
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3. Date Incorporated or Qualified <b>03/30/1977</b>	
4. FEI Number <b>59-1760883</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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. H. Comfort, Jr Juan 2-27-98  
Signature typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WALCHER, JUNE	
STREET ADDRESS	2772 YORK RD	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, GUNTHER	
STREET ADDRESS	2673 8TH AVENUE	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRISPI, HAROLD	
STREET ADDRESS	11854 ROYAL TEE CIRCLE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAMPLIN, LINDA	
STREET ADDRESS	28 W 8TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STREET, JOHN	
STREET ADDRESS	2 NAUTILUS WAY	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STREET, JOHN	
STREET ADDRESS	2 NAUTILUS WAY	
CITY-ST-ZIP	BOKEELIA F	

**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	SCHWARTZ, GUNTHER	
1.3 STREET ADDRESS	2673 8TH AVE.	
1.4 CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
2.1 TITLE	2V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SPIEGEL, CHARLES	
2.3 STREET ADDRESS	2498 CHERIMOYA LANE	
2.4 CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, NANCY	
3.3 STREET ADDRESS	16201 AURA LANE	
3.4 CITY-ST-ZIP	BOKEELIA, FL 33922	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RISRETT, MARGARET	
4.3 STREET ADDRESS	5481 BLUE CRAB KEY #T4	
4.4 CITY-ST-ZIP	BOKEELIA, FL 33922	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CRISPI, MAXINE	
5.3 STREET ADDRESS	11854 ROYAL TEE CIRCLE	
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33991	
6.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DENNY, ERNEST	
6.3 STREET ADDRESS	4689 SANDPIPER DRIVE	
6.4 CITY-ST-ZIP	ST. JAMES CITY, FL 33956	

14. I 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: Ernest Denny 2-27-98

CR2E037 (10/97)