**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 738515**

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

7771 STRINGFELLOW RD NW ST JAMES CITY FL 33956

## FILED Apr 19, 1999 8:00 am § Secretary of State

04-19-1999 90109 008 \*\*\*\*61.25

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|--|--|--|--|

3. Date Incorporated or Qualifed

03/30/1977.

21		26			03/30/19//.	- <u> </u>			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #; etc.		4. FEI Number		Applied For		
22		27			59-1760883		Not Applicable		
City & State	<del>•</del>	City & State	City & State		5 C. Water (Chaire Parker)		\$8.75 Ac	ditional	
23		28	•		5. Certifcate of Status Desired		Fee Req	uired	
Zip	Country	Zip	Zip Country		6. Election Campaign Financing		\$5.00 N	May Be	
24	25	29 30	30				Added to	ded to Fees	
24	9. Name and Address of Current		<del>'</del>		10. Name and Address of New Re	gistered A	gent		
	grouped to be decomposed to be decom-		81	Name					
	TENTAL MARCA				(D.C. D. N. Arasia Nat Assessable)	)=\			
			82 Street Address (P.O. Box Number is Not Acceptable)						
7771 STRINGFELLOW RD, NW. Ceas			83						
ST JAMES	S CITY FL 33956				·		T T		
	CHARL DAYONE		84	City		FL	85   Zip Co	ode	
	<i>*</i> ;			ad sam	and a submit this statement for the su		nanging its r	enistered	
office or c	opintored agent or both in the State C	n Fiorida Such chande was auth	iorizeo ov	me convorauc	oration submits this statement for the pan's board of directors. I hereby accept	the appoint	ment as reg	istered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 617.0503, Florida	a Statutes.			• •			
SIGNATURE								\	
	Signature, typed or printed name of registered agent			t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE AND	DIRECTOR	OC IN 12	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFI		Change	Addition	
TITLE	<b>V</b>	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	SCHWARTZ, GUNTHER		1.2 NAME						
STREET ADDRESS	2673 8TH AVE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	ST JAMES CITY FL 33956	,	1.4 CITY- ST	r-zip					
TITLE	VD '*-	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME .	SPIEGEL, CHARLES		2.2 NAME						
STREET ADDRESS	2498 CHERIMOYA LN		2.3 STREET	ADDRESS	•				
CITY-ST-ZIP	ST JAMES CITY FL 33956		2. 4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	SMITH, NANCY		3.2 NAME						
STREET ADDRESS	16201 AURA LN		3.3 STREET	ADDRESS				i	
	_ · · · · · · · · · · · · · · · · · · ·		3.4. CITY-S	ì					
CITY-ST-ZIP TITLE	BOKEELIA FL 33922	[ ] DELETE	4.1 TITLE	1-214			Change	Addition	
		·-·-	4. 2 NAME	-				ļ	
NAME	RISKETT, MARGARET		4.3 STREET	ADDDESS					
STREET ADDRESS								(-	
CITY-ST-ZIP	BOKEELIA FL 33922	☐ DELETE	4.4 CITY-ST	1-411			Change	Addition	
TITLE	D DODGE MANAGE	□ percie	5.3 TITLE 5.2 NAME						
NAME	CRISPI, MAXINE			ADDDESS				ļ	
STREET ADDRESS			5.3 STREET				* **		
CITY-ST-ZIP* . E	CAPE CORAL FL 33991		5.4 CITY-ST	1-ZIP			Change	□ Addition	
TITLE CONTROL	DT WEARTER PER	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME	DENNY, ERNEST		6.2 NAME					ĺ	
STREET ADDRESS			6.3 STREET	ADDRESS			•	:	
CITY-ST-ZIP	ST JAMES CITY FL 33956		6.4 CITY-S	T-ZI <del>P</del>					

14. 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, with all other like empowered.

SIGNATURE:

4 13 - 99 941 283-)279

Date Daytime Phone #