FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:03

DOCUMENT # 744531 (5)

1. Corporation Name

ST. MARY'S EPISCOPAL CHURCH OF BONITA SPRINGS, I NC.

Principal Place of Business	Mailing Address
9001 BONITA BEACH ROAD BONITA SPRINGS FL 33923 US	NGS, INC. P.O. BOX 1923 BONITA SPRINGS FL 33959-1923 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1978	3a. Date of Last Report: 07/05/1994
4. FEI Number: ~~59-2407412~~ 65-0337233	☐ 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
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	

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

9. Name and Address of Current Registered Agent

HARPER, REV. JAMES L.
25237 GOLF LAKE CIRCLE
BONITA SPRINGS FL 33923

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	HARPER, JAMES L(FATHER)	12 NAME		
STREET ADDRESS	25237 GOLF LAKE CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	HARRINGTON, LARRY O.	22 NAME		
STREET ADDRESS	26053 PRINCESS LANE	23 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	GILL, JOSEPH F.	32 NAME		
STREET ADDRESS	4501 SPRING CREEK VIL. BOX 229	33 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	BESUDEN, WILLIAM E.	42 NAME		
STREET ADDRESS	13291 BRIDGEFORD AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	LUNDGREN, AMY	52 NAME	LUNDGREN, AMY	
STREET ADDRESS	582 98TH AVE., NORTH	53 STREET ADDRESS	120 Pebble Shores Dr. #205	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	Naples, FL 33942	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RECEIVED BY MAY 1

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)(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: _____ 4/28/95 813/992-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001442