

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **744531** (5)

1. Corporation Name  
**ST. MARY'S EPISCOPAL CHURCH OF BONITA SPRINGS, I NC.**



Principal Place of Business: **9801 BONITA BEACH ROAD, BONITA SPRINGS FL 33923 US**  
Mailing Address: **NGS. INC. P.O. BOX 1923, BONITA SPRINGS FL 33959-1923 US**

3. Date Incorporated or Qualified: **10/10/1978**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0337233**  
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: **HARPER, REV. JAMES L. 25237 GOLF LAKE CIRCLE, BONITA SPRINGS FL 33923**  
10. Name and Address of New Registered Agent: **HYDE, REV. JACK E. 27751 HACIENDA E BLVD. UNIT 225-C, BONITA SPRINGS FL 33923**

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 617.1503, Florida Statutes.

SIGNATURE: *Hyde +* (NOTE: Registered Agent signature required when reinstating) DATE: **3/7/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>CD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>HARPER, JAMES L (FATHER)</b>	1.1 TITLE: <b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>HYDE, JACK E. (FATHER)</b>
STREET ADDRESS: <b>25237 GOLF LAKE CIRCLE</b>	CITY-ST-ZIP: <b>BONITA SPRINGS FL</b>	1.2 NAME: <b>HYDE, JACK E. (FATHER)</b>	1.3 STREET ADDRESS: <b>27751 HACIENDA E BLVD. UNIT 225C</b>
TITLE: <b>PD</b> <input type="checkbox"/> DELETE	NAME: <b>HARRINGTON, LARRY O.</b>	1.4 CITY-ST-ZIP: <b>BONITA SPRINGS, FL 33923</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>26053 PRINCESS LANE</b>	CITY-ST-ZIP: <b>BONITA SPRINGS FL</b>	2.2 NAME: <b>HYDE, JACK E. (FATHER)</b>	2.3 STREET ADDRESS: <b>27751 HACIENDA E BLVD. UNIT 225C</b>
TITLE: <b>VD</b> <input type="checkbox"/> DELETE	NAME: <b>GILL, JOSEPH F.</b>	2.4 CITY-ST-ZIP: <b>BONITA SPRINGS, FL 33923</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>4501 SPRING CREEK VIL. BOX 229</b>	CITY-ST-ZIP: <b>BONITA SPRINGS FL</b>	3.2 NAME: <b>HYDE, JACK E. (FATHER)</b>	3.3 STREET ADDRESS: <b>27751 HACIENDA E BLVD. UNIT 225C</b>
TITLE: <b>ST</b> <input type="checkbox"/> DELETE	NAME: <b>BESUDEN, WILLIAM E.</b>	3.4 CITY-ST-ZIP: <b>BONITA SPRINGS, FL 33923</b>	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>13291 BRIDGEFORD AVENUE</b>	CITY-ST-ZIP: <b>BONITA SPRINGS FL</b>	4.2 NAME: <b>HYDE, JACK E. (FATHER)</b>	4.3 STREET ADDRESS: <b>27751 HACIENDA E BLVD. UNIT 225C</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>LUNDGRAN, AMY</b>	4.4 CITY-ST-ZIP: <b>BONITA SPRINGS, FL 33923</b>	5.1 TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>120 PEBBLE SHORES DR 205</b>	CITY-ST-ZIP: <b>NAPLES FL</b>	5.2 NAME: <b>MARGARET RICHMOND</b>	5.3 STREET ADDRESS: <b>24849 PARADISE ROAD SE</b>
TITLE: <input type="checkbox"/> DELETE	NAME: <b>LUNDGRAN, AMY</b>	5.4 CITY-ST-ZIP: <b>BONITA SPRINGS, FL 33923</b>	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>120 PEBBLE SHORES DR 205</b>	CITY-ST-ZIP: <b>NAPLES FL</b>	6.2 NAME: <b>MARGARET RICHMOND</b>	6.3 STREET ADDRESS: <b>24849 PARADISE ROAD SE</b>
TITLE: <input type="checkbox"/> DELETE	NAME: <b>LUNDGRAN, AMY</b>	6.4 CITY-ST-ZIP: <b>BONITA SPRINGS, FL 33923</b>	6.4 CITY-ST-ZIP: <b>BONITA SPRINGS, FL 33923</b>

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: *Willis Bush, Director* 20 Feb. '96 941/992-4343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)

*3/12*