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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34135  
US**

Mailing Address

**NGS. INC.  
P.O. BOX 1923  
BONITA SPRINGS FL 34133-1923  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/10/1978</b>		3a. Date of Last Report <b>03/12/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0337233</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HYDE, JACK E REV  
27751 HACIENDA E BLVD. UNIT 225-C  
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name	<b>LARSEN, R. JAMES REV.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>266 Lely Blvd., PH4</b>		
83			
84 City	<b>Bonita Springs</b>	85 Zip Code	<b>FL 34134</b>

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: *William E. Besuden* DATE: **5/10/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYDE, JACK E</b>	1.2 NAME	<b>Larsen, R. James Rev.</b>
STREET ADDRESS	<b>27751 HACIENDA E BLVD. UNIT 225-C</b>	1.3 STREET ADDRESS	<b>266 Lely Blvd., PH4</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>	1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRINGTON, LARRY O.</b>	2.2 NAME	<b>Taylor, Royal</b>
STREET ADDRESS	<b>28053 PRINCESS LANE</b>	2.3 STREET ADDRESS	<b>10335 St. Patrick Lane</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILL, JOSEPH F.</b>	3.2 NAME	<b>Marshall, Dorothy</b>
STREET ADDRESS	<b>4501 SPRING CREEK VIL. BOX 229</b>	3.3 STREET ADDRESS	<b>20732 Country Barn Dr.</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>Estero, FL 33928</b>
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BESUDEN, WILLIAM E.</b>	4.2 NAME	
STREET ADDRESS	<b>13291 BRIDGEFORD AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHMOND, MARGARET</b>	5.2 NAME	
STREET ADDRESS	<b>24849 PARADISE RD. SE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **William E. Besuden** TREASURER *William E. Besuden* DATE: **4/21/97** PHONE: **992-4343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)