

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 8801 BONITA BEACH ROAD BONITA SPRINGS FL 34135 US	Mailing Address NGS. INC. P.O. BOX 1923 BONITA SPRINGS FL 33959-1923 US
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3. Date Incorporated or Qualified 10/10/1978	
4. FEI Number 65-0337233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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

**LARSEN, R JAMES REV.
208 LELY BLVD PH4
BONITA SPRINGS FL 34134**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE CD	<input type="checkbox"/> DELETE
NAME LARSEN, R JAMES REV	
STREET ADDRESS 208 LELY BLVD PH4	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME TRAYLOR, ROYAL	
STREET ADDRESS 10335 ST PATRICK LANE	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME MARSHALL, DOROTHY	
STREET ADDRESS 20732 COUNTRY BARN DR	
CITY-ST-ZIP ESTERO FL	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME BESUDEN, WILLIAM E.	
STREET ADDRESS 13291 BRIDGEFORD AVENUE	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME RICHMOND, MARGARET	
STREET ADDRESS 24849 PARADISE RD. SE	
CITY-ST-ZIP BONITA SPRINGS FL 33923	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Trax, William	
2.3 STREET ADDRESS 28790 Hunters Court	
2.4 CITY-ST-ZIP Bonita Springs, FL 34135	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Walden, David	
4.3 STREET ADDRESS 1305 Bull Run Drive	
4.4 CITY-ST-ZIP Naples, FL 34110	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *David Walden* David Walden 4/30/98 992-4343 (941)

CR2E037 (10/97)