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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90073 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744531

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

Principal Place of Business 9801 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/10/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0337233
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LARSEN, R JAMES REV. 266 LELY BLVD PH4 BONITA SPRINGS FL 34134 34135	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
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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: *Ralph J Hill, Treasurer* DATE: **3-2-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, R JAMES REV	1.2 NAME	
STREET ADDRESS	266 LELY BLVD PH4	1.3 STREET ADDRESS	9915 TREASURE CAY LANE
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAX, WILLIAM	2.2 NAME	
STREET ADDRESS	28790 HUNTERS COURT	2.3 STREET ADDRESS	9915
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, DOROTHY	3.2 NAME	JAMEL HILDRETH
STREET ADDRESS	20732 COUNTRY BARN DR	3.3 STREET ADDRESS	9766 Tonya Court
CITY-ST-ZIP	ESTERO FL	3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALDEN, DAVID	4.2 NAME	Ralph Hill
STREET ADDRESS	1305 BULL RUN DRIVE	4.3 STREET ADDRESS	3330 Montara Drive
CITY-ST-ZIP	NAPLES FL 34110	4.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMOND, MARGARET	5.2 NAME	J. Calvin Walker
STREET ADDRESS	24849 PARADISE RD. SE	5.3 STREET ADDRESS	3301 Glen Cairn Ct #203
CITY-ST-ZIP	BONITA SPRINGS FL 33923	5.4 CITY-ST-ZIP	Bonita Springs, FL 34134
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 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: *James Larsen* DATE: **2/15/99** DAYTIME PHONE #: **941-992-7343**

CR2E037 (11/98)