

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 # **745564** (5)

1. Corporation Name

EPISCOPAL PASTORAL COUNSELING SERVICE OF CLEARWATER, INC.



Principal Place of Business

Mailing Address

411 W. TURNER ST.
P.O. BOX 357
CLEARWATER FL 34617-7357

411 W. TURNER ST.
P.O. BOX 357
CLEARWATER FL 34617-7357

3. Date Incorporated or Qualified
01/16/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1869068

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, ROBERT M
411 W. TURNER ST.
CLEARWATER FL 34616**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DP GRIFFITH, BENJAMIN**
STREET ADDRESS **465 POINSETTIA**
CITY-ST-ZIP **BELLEAIR FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **D COOPER, ROBERT M.**
STREET ADDRESS **411 TURNER ST.**
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **V CALMAGE GEORGINA**
STREET ADDRESS **4958 61ST AVE SO**
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE Change Addition
3.2 NAME **Janecki, Deborah**
3.3 STREET ADDRESS **8496 Bardmoor Place**
3.4 CITY-ST-ZIP **Largo, FL**

TITLE DELETE
NAME **T BARNETT, WILLIAM**
STREET ADDRESS **2154 WOODS CT**
CITY-ST-ZIP **PALM HARBOR FL**

4.1 TITLE Change Addition
4.2 NAME **Smith, Leslie Ann**
4.3 STREET ADDRESS **815 Jennings Ave N**
4.4 CITY-ST-ZIP **St. Petersburg, FL**

TITLE DELETE
NAME **S JANECKI, DEBORAH**
STREET ADDRESS **8496 BARDMOOR PLACE**
CITY-ST-ZIP **LARGO FL**

5.1 TITLE Change Addition
5.2 NAME **Glamage, Georgina**
5.3 STREET ADDRESS **4958 61st Ave. S.**
5.4 CITY-ST-ZIP **St. Petersburg, FL**

TITLE DELETE
NAME **DM RECTOR, REBECCA K.**
STREET ADDRESS **411 TURNER ST.**
CITY-ST-ZIP **CLEARWATER FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
400001832934
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*****61.25**

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: *Rebecca K. Rector* Office Manager 5-13-96 813-447-4407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)