FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State • • DIVISION OF CORPORATIONS

1997
DOCUMENT #

745564

(5)

EPISCOPAL PASTORAL COUNSELING SERVICE OF CLEARWA TER, INC.

Principal Place of Business Mailing Address
411 W. TURNER ST.
P.O. BOX 357
CLEARWATER FL 34617-7357

2. Principal Place of Business
2. Principal Place of Business
2. Suite, Apt. #, etc.
2. City & State

City & State

Mailing Address
411 W. TURNER ST.
P.O. BOX 357
CLEARWATER FL 34617-0357

2. Principal Place of Business
2. Suite, Apt. #, etc.
2. City & State

City & State

FILED
May 16 1997 8:00am
Secretary of State



3a. Date of Last Report 05/21/1996

3. Date Incorporated or Qualified 01/16/1979

2. Principal Prace of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26		····			59-1869068	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 28			Trust Fund Contribution Added to Fee		Added to Fees		
Zip	Country	Zip	Country		B. This corporation has liability for intangible		
24 25 29 30			ю	Florida Statutes Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				Name			
COOPER, ROBERT M				82 Street Address (P.O. Box Number is Not Acceptable)			
411 W. TURNER ST				83			
CLEARWATER FL 34616							
1 11				84 City 85 Zip Code			
La contraction of the second s				with the lander		_ ``	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered							
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 clirectors. 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 reinstalling) DATE							
12.	**************************************	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE	D	P	Change Addition	
NAME	GRIFFITH, BENJAMIN		1.2 NAME	Js	anecki, Deborah		
STREET ADDRESS	ODRESS 465 POINSETTIA		1.3 STREET	ADDRESS 84	196 Bardmoor Pl.	i	
CITY - ST - ZIP	BELLEAIR FL		1.4 CITY-ST	1 4	mao, FL		
TITLE	D	DELETE	2.1 TITLE		3 /	Change Addition	
NAME	COOPER, ROBERT M.		2.2 NAME				
STREET ADDRESS	s 411 TURNER ST.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		2.4 C/TY-S	T-ZIP			
TITLE	٧	DELETE	3.1 TITLE	V		Change Addition	
NAME	Janecki, Deborah		3.2 NAME	W.	agenseil, Polozert A. Jr		
STREET ADDRESS	8496 BARDMOOR PL.		3.3 STREET	ADDRESS 1/	IS First St.		
CITY-ST-ZIP	LARGO FL		3.4. CITY - S	T-ZIP	dian Rocks Beach, FL		
TITLE	T 5'	☐ DELETE	4.1 TITLE	T T		Change Addition	
NAME	SENITH, LESLIE A		4. 2 NAME	50	nith, Leslie Ann		
STREET ADDRESS	815 JENNINGS AVE. N		4.3 STREET		Coffee Pot Riviers N	E	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST			שמל	
TITLE	S	DELETE	5.1 TITLE	5	91 33	Change Addition	
NAME	GLAMAGE, GEORGINA		5.2 NAME	10	coldridge, Jan		
STREET ADDRESS			5.3 STREET		847 Indian Hills Crt.	#28	
CITY-S1-ZIP	AT APPETANTINA EL		5.4 CITY-ST	110	ima, FL		
TITLE	DM	DELETE	6.1 TITLE	-" LE	<u> </u>	Change Addition	
NAME	RECTOR, REBECCA K.	 · ·	6.2 NAME			- the second	
STREET ADDRESS	444 5745455 47		6.3 STREET	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			· ;			
	v certify that the information supplie	of with this filing does not availed	6.4 CITY-ST		In Continue 110 07/9V/A Florido Ctabutas I funda		

4. I do 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 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

Select A THE LAND UPE OF PRINTED NAME OF A GAINING OFFICER OF INFECTOR

5.5.97

813.447-4407