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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified: 01/16/1979  
3a. Date of Last Report: 05/21/1996  
4. FEI Number: 59-1869068  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent  
COOPER, ROBERT M  
411 W. TURNER ST.  
CLEARWATER FL 34618

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, BENJAMIN	
STREET ADDRESS	485 POINSETTIA	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, ROBERT M.	
STREET ADDRESS	411 TURNER ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JANECKI, DEBORAH	
STREET ADDRESS	8496 BARDMOOR PL.	
CITY-ST-ZIP	LARGO FL	
TITLE	T S	<input type="checkbox"/> DELETE
NAME	SENITH, LESLIE A	
STREET ADDRESS	815 JENNINGS AVE. N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GLAMAGE, GEORGINA	
STREET ADDRESS	4958 61ST AVE S	
CITY-ST-ZIP	ST PETETSBURG FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	RECTOR, REBECCA K.	
STREET ADDRESS	411 TURNER ST.	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janecki, Deborah	
1.3 STREET ADDRESS	8496 Bardmoor Pl.	
1.4 CITY-ST-ZIP	Largo, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wagensell, Robert A. Jr	
3.3 STREET ADDRESS	1615 First St.	
3.4 CITY-ST-ZIP	Indian Rocks Beach, FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Smith, Leslie Ann	
4.3 STREET ADDRESS	501 Coffee Pot Riviera NE	
4.4 CITY-ST-ZIP	St Petersburg, FL 33704	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Woodbridge, Jan	
5.3 STREET ADDRESS	10847 Indian Hills Crt. #28	
5.4 CITY-ST-ZIP	Largo, FL	
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 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 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* 5.5.97 813.447-4407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)