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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747192** (3)

1. Corporation Name

SAINT GILES CHURCH, EPISCOPAL, INC.

Principal Place of Business

Mailing Address

**8271 52ND ST NORTH
PINELLAS PARK FL 34665**

**8271 52ND ST NORTH
PINELLAS PARK FL 33761-1518**



3. Date Incorporated or Qualified
05/15/1979

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-6181589

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

**WASSON, SANDRA
8381 56TH WAY NORTH
PINELLAS PARK FL 34665**

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 **D** ☐ DELETE
NAME **WASSON, SANDRA**
STREET ADDRESS **8381 56TH WAY NORTH**
CITY-ST-ZIP **PINELLAS PARK FL**

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

TITLE **D** ☒ DELETE
NAME **GUTH, PAUL**
STREET ADDRESS **10751 CHAPMAN CT**
CITY-ST-ZIP **LARGO FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **MARK KIZZEE**
2.3 STREET ADDRESS **7400 5TH AVE NO**
2.4 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **LOFGREN, GENE,**
STREET ADDRESS **5220-90TH TERRACE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 34666**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **FEAGLEY, REX,**
STREET ADDRESS **5578 56TH TERRACE NORTH**
CITY-ST-ZIP **ST. PETE FL 33709**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **CAROL HANSEN**
4.3 STREET ADDRESS **3827 50TH AVE SO**
4.4 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **HARTNETT, JOHN L REV.**
STREET ADDRESS **12151 72ND WAY NORTH**
CITY-ST-ZIP **LARGO FL 34643**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *[Signature]*

3/28/97 813-544-6856

CP2E037 (9/96)