

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747192

1. Corporation Name

SAINT GILES CHURCH, EPISCOPAL, INC.

Principal Place of Business

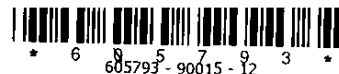
8271 52ND ST NORTH
PINELLAS PARK FL 34665

Mailing Address

8271 52ND ST NORTH
PINELLAS PARK FL 34665

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90015 012 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/15/1979

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**
GRZEGORCZYK, JACQUELINE
STREET ADDRESS **3980 108TH AVE N**
CITY-ST-ZIP **CLEARWATER FL 34622**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**
HANSEN, CAROL
STREET ADDRESS **3827 50TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/99 (727) 8544-6856
Date Daytime Phone #

CR2E037 (5/99)