

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747927 (2)
1. Corporation Name
THE CHURCH OF SAINT AUGUSTINE OF CANTERBURY, INC



Principal Place of Business Mailing Address
4100 FORREST HILL BLVD. 4100 FORREST HILL BLVD.
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified 06/29/1979 3a. Date of Last Report 04/28/1995
4. FEI Number 59-2294674 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

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

9. Name and Address of Current Registered Agent

AMASON, DAVID L.
328 E. LAKEWOOD ROAD
WEST PALM BEACH FL 33405

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 617.1503, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SHUMAN, JOHN D.
STREET ADDRESS 3535 VALLEY WAY
CITY-ST-ZIP WEST PALM BEACH FL 33406
TITLE D ☒ DELETE
NAME NAULT, GERARD
STREET ADDRESS 2843 NORTHSIDE DR
CITY-ST-ZIP LANTANA FL
TITLE D ☐ DELETE
NAME KAUNEK, STEVE
STREET ADDRESS 1840 LAKESHORE DR.
CITY-ST-ZIP WEST PALM BEACH FL 33409
TITLE D ☐ DELETE
NAME GOODIER, DOROTHY
STREET ADDRESS 1010 ALMERIA
CITY-ST-ZIP WEST PALM BEACH FL
TITLE D ☐ DELETE
NAME MIZENER, DON V
STREET ADDRESS 2424 APPALOSSA TRACE
CITY-ST-ZIP WELLINGTON FL 33414
TITLE D ☐ DELETE
NAME APPLEBY, RICHARD
STREET ADDRESS 1332 W. BROWARD ST.
CITY-ST-ZIP LANTANA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Amason, David L.
1.3 STREET ADDRESS 328 E. Lakewood Rd
1.4 CITY-ST-ZIP West Palm Beach, FL 33406
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME John Mandell
2.3 STREET ADDRESS 1840 Lakeshore
2.4 CITY-ST-ZIP West Palm Beach, FL 33409
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96 407-4349135
Date Daytime Phone #

CR2E037 (12/95)