SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham '

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 747927 (2)

THE CHURCH OF SAINT AUGUSTINE OF CANTERBURY, INC

Mailing Address

4100 FORREST HILL BLVD. WEST PALM BEACH FL 33406

Principal Place of Business

4100 FORREST HILL BLVD. WEST PALM BEACH FL 33406 Pro I Eve Con D

97 NOV -5 AM 8: 54

SECRETARY OF STATE TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified	3a. Date			
B. Dringing ID	lead of Division	Los Mallis Address				06/29/1979 4. FEI Number	03/	/15/199		
2. Principal P	lace of Business	2a. Mailing Address				59-2294674			olied For	
Culto Ant	# ato	Suite, Apt. #, etc.				38 2284014			Applicable	
Sulte, Apt. #, etc.		27				5. Certificate of Status Desired		68.75 A		
City & State	•	City & State	-			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has pai	_	_		
24	29	30			Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
			- 1	81 Name					}	
AMASON, DAVID L.			}	82 Street Address (P.O. Box Number is Not Acceptable)						
328 E. LAKEWOOD ROAD										
WEST PALM BEACH FL 33405				83						
	_		F	84 City		*************************************		5 Zip C		
			- 1		1		- H-1 /	1	,	
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										
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fibrida Statutes, the above-named or poration 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 value and accept the obligation of Section 617.0503, Florida Statutes.										
CIONIATION AIMMI ON EDM										
SIGNATURE Signator, typed or printed name of resister 1 tagen and late if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	☐ DELETE	1.1 1(1)	LE	C	erard LNault -	_ □	Change	Addition	
NAME	SHUMAN, JOHN D.	President	1.2 NA	ME	361	43 Northside Dr .	D 1	ST VIL		
STREET ADDRESS	3535 VALLEY WAY	\mathcal{D}	1.3 STF	REET ADDRESS		·	_	Presi	dend	
CHTY-ST-ZIP	WEST PALM BEACH FL 33406	رنہ 	1.4 CIT	Y-ST-ZIP_	0	ule Worth, F1 3341	p 2		.	
TITLE	D	DELETE	2.1 111	LE	*	`*ex**\ I	13	Change	Addition	
NAME	AMASON, DAVID L RO	gistered agent	2.2 NA	ME	7	Warranti Jerry	ני ע	nd v	اند ا	
STREET ADDRESS	328 E LAKEWOOD ROAD	10	2.3 STF	REET ADDRESS		TIE SUIL Place Nor	lh		siderd	
CITY-ST-ZIP	WEST PALM BEACH FL		2, 4 01	Y-ST- Z IP	しん	weighster Jerry 115 Still Place Nor- wal Palm Black, Fl	33411	• •		
TITLE	D	NACUTE .	3.1 TITI	.ŧ				Change	Addition	
NAME	KALINEC, STEVE	and menbu	3.2 NA	VIE .						
STREET ADDRESS	1840 LAKESHORE DR.		3.3 STA	REET ADDRESS	[
CITY+ST-ZIP	WEST PALM BEACH FL 33409		3.4. CI	Y-ST-ZIP						
TITLE	D	☐ DELETE	4.1 TIT	LE				Change	Addition	
NAME	GOODIER, DOROTHY	Board member	4 2 NA	ME					l l	
STREET ADDRESS	1010 ALMERIA	Opera transfer	4.3 ST	LEET ADDRESS					i	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CIT	Y-ST-ZIP	İ				1	
TITLE	D	DELETE	5.1 TIT	.E				Change	Addition	
NAME	MIZENER, DON V	~ 1	5.2 NA	ME						
STREET ADDRESS	2424 APPALOSSA TRACE		5.3 STF	EET ADDRESS	ſ				- (
CITY-ST-ZIP	WELLINGTON FL 33414			Y-ST-ZIP						
TITLE	^	☐ DELETE	6.1 TiTs					Change	Addition	
NAME	APPLEBY, RICHARD	and member	6.2 NA	νE					UII	
STREET ADDRESS	1332 W. BROWARD ST.	- 11 - 14 - 14		REET ADDRESS	1				1 M	
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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 Soction 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 of 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 chapted or on an attachment with an address.

SIGNATURE: