


FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747927 (2)

1. Corporation Name
THE CHURCH OF SAINT AUGUSTINE OF CANTERBURY, INC

Principal Place of Business 4100 FORREST HILL BLVD. WEST PALM BEACH FL 33406	Mailing Address 4100 FORREST HILL BLVD. WEST PALM BEACH FL 33406
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 06/29/1979
4. FEI Number 59-2294674
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, JOHN D.	1.2 NAME	
STREET ADDRESS	3535 VALLEY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	
TITLE	D1VP <input type="checkbox"/> DELETE	2.1 TITLE DBM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAUGH, GERALD L	2.2 NAME	MANDELL, JOHN JR.
STREET ADDRESS	2843 NORTHSIDE DRIVE	2.3 STREET ADDRESS	1840 Lakewood Dr.
CITY-ST-ZIP	LAKE WORTH FL 33462	2.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D2VP <input type="checkbox"/> DELETE	3.1 TITLE D2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUERYNSKY, JERRY	3.2 NAME	KUCZYNSKI, JERRY
STREET ADDRESS	11715 56TH PLACE NORTH	3.3 STREET ADDRESS	11715 - 56th Place North
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	3.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	DBM <input type="checkbox"/> DELETE	4.1 TITLE DBM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODIER, DOROTHY	4.2 NAME	LEONE, JOHN A.
STREET ADDRESS	1010 ALMERIA	4.3 STREET ADDRESS	210 Plantation Blvd.
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE D1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMASON, DAVID L	5.2 NAME	
STREET ADDRESS	328 E LAKEWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DBM <input type="checkbox"/> DELETE	6.1 TITLE DBM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPLEBY, RICHARD	6.2 NAME	BERRY, BEVERLY
STREET ADDRESS	1332 W. BROWARD ST.	6.3 STREET ADDRESS	517 North "C" Street
CITY-ST-ZIP	LANTANA FL	6.4 CITY-ST-ZIP	Lake Worth, FL 33460

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.

SIGNATURE _____ **JOHN D. SHUMAN (561) 434-9135**

CR2E037 (10/97)