

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 12:17

DOCUMENT # **759076** (3)

1. Corporation Name

**ST. CLEMENT'S EPISCOPAL CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**706 WEST 113TH AVENUE  
PO BOX 17342  
TAMPA FL 33682**

3. Date Incorporated or Qualified **07/09/1981** 3a. Date of Last Report **04/20/1994**  
4. FEI Number **59-1306561** Applied For   
Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**YOUNG, ROBERT L. REV.  
3104 FOREST KNOLL CIR.  
TAMPA FL 33618**

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 607.0507 and 607.0508, 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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert L. Young* 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 NAME STREET ADDRESS CITY-ST-ZIP  
P YOUNG, ROBERT L. 706 W 113TH AVENUE TAMPA, FL 00000  
VD SHELEMAN, CAROL 13729 LAZY OAK DRIVE TAMPA FL  
T BULLARD, PERRY C 11206 CARROLLWOOD DRIVE TAMPA FL  
D NEPA, AMEDIE 11613 PAINTED HILLS LANE TAMPA FL  
S NEPA, VERNA 11613 PAINTED HILLS LANE TAMPA FL  
D HUBBARD, CRAIG 14100 N. 46TH STREET E101 TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE  Change  Addition  
32 NAME Johnson, Clayton E.  
33 STREET ADDRESS 3421 Picwood Rd.  
34 CITY-ST-ZIP Tampa, FL  
41 TITLE  Change  Addition  
42 NAME D  
43 STREET ADDRESS Thompson, Charles  
44 CITY-ST-ZIP 1105 S. Pine Lake Dr.  
Tampa, FL  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  Change  Addition  
62 NAME D  
63 STREET ADDRESS Croft, Mary Ann  
64 CITY-ST-ZIP 10117 N. Willow Ave.  
Tampa, FL

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 110.07(3)(a), 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 of this form.

SIGNATURE: *Robert L. Young* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **5 April 1995 (S13) 932-6204** Date (Month Year)