FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	1	2 11 11 5		DIVISION OF	CORPOR	ATIC	NS		ļ			
DOCU 1. Corporation	MENT	# 7590	76		(3)	,							
ľ		EPISCOPAL C	CHURCH	I. INC									
				.,						1 13011 1621 1844 1411 1611 1661 18		III ara ii a raii f	e 1210 e 1410 (410
5													
Principal Place of Business Mailing Address												• • • • • • • • • • • • • • • • • •	
706 WEST 113TH AVENUE 706 WEST 113TH AVENUE PO BOX 17342 PO BOX 17342													
TAMPA FL 3	-				FL 33682								
										3. Date Incorporated or Qualified 07/09/1981	3a. D.	ate of Last I 04/12/1 9	Report 195
2. Principal P	Place of Busin	iess		2a. Mail	ing Address					4. FEI Number	<u></u>		
21		•	2	26						59-1306561			Vot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired			
City & State				City & State									
23			2	— ´						Trust Fund Contribution			
Zip		Country		Zip		Country				8. This corporation has liability for intangible tax under s. 199.032			199.032,
24	9. Name and Address			29 Agent		30				Florida Statutes Yes No			
· · · · ·	J. 144111	and Addition of the		g1010100	- rgont		81	Name		To. Hame and Address of New Neg	1816160	Agent	
YOUNG, ROBERT L. REV. 82 Street Address (P.O. Box Number is Not Acceptable)													
3104 FOREST KNOLL CIR.								Olicel 7					
IAMPA	FL 33618						83						
							84	City			E:1	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 617.	0502 and	617.150	8, Florida Statute	dress **I13TH AVENUE* 7342 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1995 04							
or registe	ered agent, or	both, in the State of the obligations of,	Florida, Si	uch char	nge was authorize	ed by the c	orpo	ration's l	board	of directors. I hereby accept the appoint	tment as	registered	agent. I am
SIGNATURE													
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe							signature re	quired w			2 DIDLO TO	tie witte
TITLE	P	OFFICER	3 AND DI	LOTOTI	DELETE		LE	I	Р	AUDITIONS/ORANGES TO OFFICE			
NAME YOUNG, ROBERT L.				- "			1.2 NAME Y		Ϋ́	oung, Robert L.	,		
STREET ADDRESS 706 W 113TH AVENUE TAMPA, FL 00000							1.3 STREET ADDRESS		79	06 W. Fli3th Ayenue			
CITY-ST-ZIP TITLE	VD VD	FL 00000			Chtitit			- ZIP				**	
NAME	1	MAN, CAROL									ļ	_zp Change	L_I ADDITION
STREET ADDRESS	1	azy oak drive						ADDRESS	71	7 W. 113th Ave.			
CITY-ST-ZIP	TAMPA	FL						r-zip	Ta	mpa, Fl 33612			
TITLE	IOHNSO	ON, CLAYTON E			DEFELE			ĺ	Ţ		ļ	Change	☐ Addition
NAME STREET ADDRESS		CWOOD RD						ADDRESS					
CITY-ST-ZIP	TAMPA												
TITLE	D				DELETE					mpa ,		Change	Addition
NAME		SON, CHARLES				4, 2 N	AME	ł		ompson, Charles			
STREET ADDRESS	TAMPA	Pine lake dr Fi							11	05 S Pine Lake Dr			
CITY - ST - ZIP TITLE	S				DELETE			· ZIP	_Ta	mpa, F1 33612		Change	☐ Addition
NAME	NEPA, V	'ERNA			_	1			S	wilder Manage	,	K	
STREET ADDRESS	l	AINTED HILLS LA	NE			5.3 ST	REET A	ADORESS			pa - I	F1 33	612
CITY-ST-ZIP	TAMPA	FL			- Decrete			- ZIP		.JoJ N. Marjorie Tam	`		
TITLE NAME	-	MARY ANN			□ DELETE				_	ick Pozoo	Į	∆I Change	Addition
STREET ADDRESS		WILLOW AVE						IDDBESS					
CITY-ST-ZIP	TAMPA	FL				6.4 CIT	Y-ST-	- 7 1P	Ta	mpa, F1 33613			
certity tha	it the informa	tion indicated on this	annubiror	northorical	unniemantal anni-	shed and o	does	not qual	ify for	the exemption stated in Section 119.07(ma lanal	offeet on if .	made under
oath; that	I am an offic	er or director of the c	comporation	or the r	eceiver/or trustée	: empow <i>e</i> r	ed to	execute	this	eport as required by Chapter 617, Florid	la Stat∪te	es; and that	t my name
		-1	1. h.	1	7	1/1/1	(1)	Mac	1	- 12 Marate 19	Filo	620.	1111
SIGNAT	TURE: _	SIGNATURE AND TYPE	ED OR PRINT	ED NAME	OF SIGNING OFFICE	R OR DIRECT	OR	:: ;:/:		7: 7 Juliate	·///	7.7.2.	vu j
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