

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 20 PM 4:51
STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # 759076

1. Corporation Name
ST. CLEMENT'S EPISCOPAL CHURCH, INC.

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/09/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1306561
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
Country	Country	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEEMAN, RICHARD 717 W 113TH AVE. TAMPA FL 33612	81 Name: The Reverend Alton J. Chapman 82 Street Address (P.O. Box Number is Not Acceptable): 83 16002 Honeysuckle Pl. 84 City: Tampa FL 85 Zip Code: 33624

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: *Alton J. Chapman* (The Rev. Alton J. Chapman, Rector) 3/29/99
DATE: 3/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: BEEMAN, RICHARD	1.1 TITLE: P	NAME: The Reverend
STREET ADDRESS: 717 W 113TH AVENUE	CITY-ST-ZIP: TAMPA FL	1.2 NAME: Alton J. Chapman	1.3 STREET ADDRESS: 16002 Honeysuckle Pl.
TITLE: T	NAME: JOHNSON, CLAYTON E	1.4 CITY-ST-ZIP: Tampa, FL 33624	2.1 TITLE: VD
STREET ADDRESS: 3421 PICWOOD RD	CITY-ST-ZIP: TAMPA FL	2.2 NAME: George Western	2.3 STREET ADDRESS: 10919 Orange Grove Dr.
TITLE: D	NAME: JETT-DONOVAN, CAROLINE	2.4 CITY-ST-ZIP: Tampa, FL 33618	3.1 TITLE: T
STREET ADDRESS: 504 W. BIRD ST.	CITY-ST-ZIP: TAMPA FL	3.2 NAME: Mary O. Graham	3.3 STREET ADDRESS: 9519 Highland Ave.
TITLE: S	NAME: HAMLIN, KAREN	3.4 CITY-ST-ZIP: Tampa, FL 33612	4.1 TITLE: D
STREET ADDRESS: 11305 N. MARJORIE	CITY-ST-ZIP: TAMPA FL	4.2 NAME: William Rast	4.3 STREET ADDRESS: 10911 Orange Grove Dr.
TITLE: D	NAME: BUCK, RENEE	4.4 CITY-ST-ZIP: Tampa, FL 33618	5.1 TITLE: D
STREET ADDRESS: 808 TARAY DE AVILA	CITY-ST-ZIP: TAMPA FL	5.2 NAME: George Sears	5.3 STREET ADDRESS: 11516 Country Oaks Dr.
TITLE: [] DELETE	NAME: []	5.4 CITY-ST-ZIP: Tampa, FL 33624	6.1 TITLE: []
STREET ADDRESS: []	CITY-ST-ZIP: []	6.2 NAME: []	6.3 STREET ADDRESS: []
CITY-ST-ZIP: []		6.4 CITY-ST-ZIP: []	

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Alton J. Chapman* Feb 8, 1999 (813) 932-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0051965

CR2E037 (11/98)