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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

765447

(8)

THE ANGLICAN CATHOLIC CHURCH OF SAINT MARY THE V IRGIN, INC.

Mailing Address Principal Place of Business 103 W. HENRY AVENUE 103 W. HENRY AVENUE TAMPA FL 33604 TAMPA FL 33604 Date Incorporated or Qualified 10/19/1982 3a. Date of Last Report 02/13/1995 4. FEI Number 59-2227029 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip ☐ Yes MoNo 30 Florida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARDNER, S. TYSON Street Address (P.O. Box Number is Not Acceptable) 103 W. HENRY AVENUE 83 **TAMPA FL 33604** Zip Code City 85 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) Signature, typied or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Kufflet, Lonne. Change DELETÉ 1.1 TITLE TITLE NICELY, MARK 1.2 NAME YIIO NORTH MEAD OW CIRCLE NAME 4500-1ST AVE N 1.3 STREET ADDRESS STREET ADDRESS TAMPA FLA 33624 ST PETERSBURG FL 1.4 CITY-ST-ZIP CITY - ST- ZIP Addition Change DELETE 21 TITLE THLE HUTCHINSON THUMAS TIL COUNTRY ELUB DRIVE **HUTCHINSON, JAMES** 22 NAME NAME 301 W. HENRY AVE 2.3 STREET ADDRESS STREET ADDRESS TOMPH FLD 336 (2 TAMPA FL 2.4 CITY-ST-2IF DITY-ST-ZIP ☐ Change Addition VPD DELETE 3.1 TITLE TITLE CLEGG, CROCKER B 3.2 NAME NAME 750 126 AVE 3.3 STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 34. CITY-ST-ZIF CITY - ST - ZIP Addition Change DELETE 4.1 TITLE TITLE GARDNER, STANLEY TYSON 4. 2 NAME NAME 209 W. HENRY AVE. 4.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Change Addition DELETE 5.1 TITLE TITLE CLEGG, JEANNE 5.2 NAME NAME 750 126 AVENUE 5.3 STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 5.4 CITY-ST-ZIP CITY-S1-ZIP ☐ Change Addition | DELETE 61 THILE TITLE COOVER, ROBERT F. 62 NAME NAME 2913 E. CRAWFORD STREET 6.3 STREET ADDRESS STREEL ADDRESS TAMPA FL 6.4 CITY-ST-ZIF CITY-ST-ZIP

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 119.07(3)(k), 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 estachment with an address. 22 Almay 1994 Deter 20 813-23 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(12/95)**CR2E037**