

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 769708 (9)**  
1. Corporation Name

**THE EPISCOPAL CONFERENCE CENTER, DIOCESE OF SOUTHWEST FLORIDA, INCORPORATED**



Principal Place of Business: P. O. BOX 661, ELLENTON FL 34222  
Mailing Address: P. O. BOX 661, ELLENTON FL 34222

3. Date Incorporated or Qualified: **08/04/1983**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: **59-2629809**  
Applied For:  Not Applicable

22 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23 City & State: 28

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24 Zip: 25 Country: 29 Zip: 30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**COX, JAMES N.  
8411 25TH ST. E.  
ELLENTON FL 34222**

**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 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) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, ROGERS</b>	
STREET ADDRESS	<b>219 4TH ST. N.</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KLINE, MICHAEL</b>	
STREET ADDRESS	<b>10297 MONARCH DR.</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITTINGHILL, FRED J</b>	
STREET ADDRESS	<b>5040 PINELAKE ROAD</b>	
CITY - ST - ZIP	<b>WESLEY CHAPEL FL 33543</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCRUGGS, CHARLES</b>	
STREET ADDRESS	<b>4519 DALE AVE.</b>	
CITY - ST - ZIP	<b>TAMPS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OVERTON, BILL</b>	
STREET ADDRESS	<b>8202 132ND STREET NORTH</b>	
CITY - ST - ZIP	<b>SEMINOLE FL 34646</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHRISTIE, FRANK E.</b>	
STREET ADDRESS	<b>10415 122 AVE. N.</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PRESIDENT KLINE, MICHAEL</b>
2.3 STREET ADDRESS	<b>10297 MONARCH DR</b>
2.4 CITY - ST - ZIP	<b>LARGO, FL</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Director &amp; Treasurer Whittinghill, Fred J</b>
3.3 STREET ADDRESS	<b>5040 Pinelake Road</b>
3.4 CITY - ST - ZIP	<b>Wesley Chapel, FL 33543</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**700001758587**  
**-03/26/96--01165-000-028**  
**\*\*\*61.25** **SG 3-26-96**

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 attachment with an address.

SIGNATURE: *James N. Cox* *Jim Cox* Date: **4/30/96** **3/15/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rogers S. Harris** Daytime Phone #: **813-8232737**

CR2E037 (12/95)