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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

P. O. BOX 661
ELLENTON FL 34222

P. O. BOX 661
ELLENTON FL 34222-0661

3. Date Incorporated or Qualified
08/04/1983

3a. Date of Last Report
03/26/1996

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

28 Zip

30 Country

4. FEI Number

59-2629809

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE C
NAME HARRIS, ROGERS
STREET ADDRESS 219 4TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME KLINE, MICHAEL
STREET ADDRESS 10297 MONARCH DR.
CITY-ST-ZIP LARGO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME WHITTINGHILL, FRED J
STREET ADDRESS 5040 PINELAKE ROAD
CITY-ST-ZIP WESLEY CHAPEL FL 33543

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME SCRUGGS, CHARLES
STREET ADDRESS 4519 DALE AVE.
CITY-ST-ZIP TAMPS FL

4.1 TITLE SD
4.2 NAME DEW, JOHN
4.3 STREET ADDRESS P.O. DRAWER 1441
4.4 CITY-ST-ZIP ST Petersburg FL 33731

TITLE D
NAME OVERTON, BILL
STREET ADDRESS 8202 132ND STREET NORTH
CITY-ST-ZIP SEMINOLE FL 34646

5.1 TITLE PD
5.2 NAME OVERTON, Bill
5.3 STREET ADDRESS 8202 132ND ST N
5.4 CITY-ST-ZIP SEMINOLE FL 34646

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE VP
6.2 NAME REITHORST, William
6.3 STREET ADDRESS 3472 Beneva Woods Circle
6.4 CITY-ST-ZIP SANADORA FL 34233

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

William Reithorst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Feb 97

Date

Daytime Phone # 0062328

CP2E037 (9/96)