

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/04/1983	4. FEI Number 59-2629809	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COX, JAMES N.
8411 25TH ST. E.
ELLENTON FL 34222
Parrish FL 34219**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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]* DATE **2/17/98**

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ROGERS	
STREET ADDRESS	219 4TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEW, JOHN	
STREET ADDRESS	P O DRAWER 1441	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITTINGHILL, FRED J	
STREET ADDRESS	5040 PINELAKE ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RETHORST, WILLIAM	
STREET ADDRESS	5472 BENEVA WOODS CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OVERTON, BILL	
STREET ADDRESS	8202 132ND STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	MANAGING DIRECTOR = M	<input type="checkbox"/> DELETE
NAME	JIM COX	
STREET ADDRESS	8411 25th St E	
CITY-ST-ZIP	Parrish FL 34219	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rethorst, William
4.3 STREET ADDRESS	5472 Beneva Woods Circle
4.4 CITY-ST-ZIP	SARASOTA FL 34233
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MANAGING VICE PRESIDENT
5.3 STREET ADDRESS	Mrs. Karen Patterson
5.4 CITY-ST-ZIP	12525 Green Oak Lane DADE CITY FL 33525
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MANAGING DIRECTOR = M
6.3 STREET ADDRESS	JIM COX
6.4 CITY-ST-ZIP	8411 25th St E Parrish FL 34219

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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/17/98** **941-776-118**

CF2E037 (10/97)