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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769708

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country 30	3. Date Incorporated or Qualified 08/04/1983 4. FEI Number 59-2629809 Applied For Not Applicable 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
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9. Name and Address of Current Registered Agent

COX, JAMES N
8411 25TH ST. E.
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	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEW, JOHN	
STREET ADDRESS	P O DRAWER 1441 N/A	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WHITTINGHILL, FRED J	
STREET ADDRESS	5040 PINELAKE ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RETHORST, WILLIAM	
STREET ADDRESS	5472 BEREVA WOODS CIR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATTERSON, KAREN MRS	
STREET ADDRESS	12525 GREEN OAK LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	COX, JIM	
STREET ADDRESS	8411 25TH ST E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KLINE, MICHAEL H.	
1.3 STREET ADDRESS	60297 MONARCH DR	
1.4 CITY-ST-ZIP	LARGO, FL 33774	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARDING, LUCY T	
2.3 STREET ADDRESS	9298 SUN ISLE DR NE	
2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARRINGTON, LARRY O	
3.3 STREET ADDRESS	26053 PRINCESS LANE	
3.4 CITY-ST-ZIP	RONITA SPRINGS, FL 34134	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HENLEY, EDWARD J	
4.3 STREET ADDRESS	13335 CASEY RD	
4.4 CITY-ST-ZIP	TAMPA, FL 33604	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FARLEY, NANCY S	
5.3 STREET ADDRESS	36346 URBAN RD	
5.4 CITY-ST-ZIP	ZEPHYR HILLS, FL 33541	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TRIPP, THEODORE L	
6.3 STREET ADDRESS	12540 PANASOFFREE DR	
6.4 CITY-ST-ZIP	N. PT MYERS, FL 33903	

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, with all other like empowered.

SIGNATURE: *James N. Cox* **JAMES N. COX** 2/25/99 941-776-1018
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)