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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/04/1983

22 City & State

27 City & State

4. FEI Number 59-2629809

Applied For Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, JAMES N 8411 25TH ST. E. PARRISH FL 34219

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE NAME DEW, JOHN STREET ADDRESS P O DRAWER 1441 N/A CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE D 1.2 NAME KLINE, MICHAEL H. 1.3 STREET ADDRESS 60297 MONARCH DR 1.4 CITY-ST-ZIP LARGO, FL 33774

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

2.1 TITLE D 2.2 NAME HARDING, LUCY T 2.3 STREET ADDRESS 9298 SUN ISLE DR NE 2.4 CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE P DELETE NAME RETHORST, WILLIAM STREET ADDRESS 5472 BEREVA WOODS CIR CITY-ST-ZIP SARASOTA FL 34233

3.1 TITLE D 3.2 NAME HARRINGTON, LARRY O 3.3 STREET ADDRESS 26053 PRINCESS LANE 3.4 CITY-ST-ZIP RONITA SPRINGS, FL 34134

TITLE V NAME PATTERSON, KAREN MRS STREET ADDRESS 12525 GREEN OAK LANE CITY-ST-ZIP DADE CITY FL 33525

4.1 TITLE D 4.2 NAME HENLEY, EDWARD J 4.3 STREET ADDRESS 13335 CASEY RD 4.4 CITY-ST-ZIP TAMPA, FL 33604

TITLE MD NAME COX, JIM STREET ADDRESS 8411 25TH ST E CITY-ST-ZIP PARRISH FL 34219

5.1 TITLE D 5.2 NAME FARLEY, NANCY S 5.3 STREET ADDRESS 36346 URBAN RD 5.4 CITY-ST-ZIP ZEPHYR HILLS, FL 33541

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE TD 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 2/25/99 941-776-1018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)