FILE NOW: FILING FEE IS \$61.25

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 SOUT HWEST FLORIDA, INCORPORATED

Principal Place of Business								
P. O. BOX 661								
ELLENTON FL 34222								

21

2. Principal Place of Business

Mailing Address

P. O. BOX 661 ELLENTON FL 34222

2a. Mailing Address

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FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90208 011 ****61.25



Analied Fee

3. Date Incorporated or Qualifed

08/04/1983

City & State City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Applie	0.0		
S. Confided of Status Deared Fee Required Fee	22	27				59-2629809	فيست	· Not Ar	opticable		
2p Country Zip Country Zip Country S.5.00 May Be Added to Fees S. Name and Address of Current Registered Agent Similar Fund Contribution S.5.00 May Be Added to Fees Similar Fund Contribution S.5.00 May Be Added to Fees Similar Fund Contribution S.5.00 May Be Added to Fees Similar Fund Contribution S.5.00 May Be Added to Fees Similar Fund Contribution S.5.00 May Be Added to Fees Similar Fund Contribution S.5.00 May Be Added to Fees Similar Fund Contribution S.5.00 May Be Added to Fees Similar Fund Contribution Similar Fun	¬ '	State City & State				5. Certifcate of Status Desired	1 1				
29 30 Trust Fund Contribution Added to Fees	23	Country .		Country		a si u a consina Sinanda					
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 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 agent. I aminalize with, and occept the obligations of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I aminalize with, and occept the obligations of, Section 17.0509, Florida Statutes SIGNATURE 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 office or registered agent. I aminalize with, and occept the obligations of, Section 17.0509, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME	∠ip			¬ ´					- 1		
State Addition State Addition Addi					110011						
COX, JAMES N 8411 25TH ST. E. PARRISH FL 34219 44 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 agent. I am familiar with, and accept the obligations of, Section 55 statutes. SIGNATURE SIGNATURE SIGNATURE SID OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DEW, JOHN STREET ADDRESS DEW, JOHN DEW, JOHN STREET ADDRESS STREET ADDRESS SOOP PHILLARE ROAD 22 NAME HATCHORST, WILLIAM WHITTINGHILL, FRED J STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LOCK ST. 2P WESLEY CHAPPEL FL 33543 DELETE 31 TITLE D Change MAddition HARRINGTON, LARRY O WESLEY CHAPPEL FL 33543 DELETE 31 TITLE D Change MADDITIONS/CHANGES TO Change MADDITIONS/CHANGES TO PRINCESS TO PRINCESS TO Change MADDITIONS/CHANGES TO Change TO		9. Name and Address of Current I	Registered Agent	94	Nome	To. realite alla Address of New 1	registered Agen				
B411 25TH ST. E. PARRISH FL 34219 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Flonda 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 chalged statutes. SIGNATURE SIGNATURE SID DEW, JOHN SID DEW, JOHN SID DEW, JOHN SID DEW, JOHN SIREET ADDRESS ON DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. 29 SID DEW, JOHN SIREET ADDRESS SOOD PAREAKE ROAD 14. CITY ST. 29 ST PETERSBURG FL 15. TITLE 16. Change MAddition 17. Change MADDITIONS CHANGES Change MADDITIONS CHANG				i vaine							
PARRISH FL 34219 83	COX, JAMES N				82 Street Address (P.O. Box Number is Not Acceptable)						
## City FL 38 Zip Code	8411 25Th	1 ST. E.									
Section Sect											
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 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 a				84	City		85	Zip Cod	le		
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 registated agent, in the manufacture of the properties of the p	·				-		FL	l	•		
Signature, Speed or printed same of registered lagent and time if applications. (RIOTE Registered Agent signature required when intentating) DATE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, i nereby accept the appointment as registered										
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	CITY-ST-ZIP				-ZIP N.	- MYEKS, -L	2270	<u> </u>			

4. Thereby 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 informatio indicated on this annual report or suppliemental 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 reverse empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of the property o

SIGNATURI

CHICLE IN COX 2/3/99 941-776-10

IGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Dayling Phone #

CR2E037 (11/98)