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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:06

DOCUMENT # 769887 (1)

1. Corporation Name
ST. MARTIN'S EPISCOPAL CHURCH OF PASCO COUNTY, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15801 US HWY 19 HUDSON FL 34667	15801 US HWY 19 HUDSON FL 34667

3. Date Incorporated or Qualified: 08/18/1983
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2316629 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LECKRONE, REV. W. THOMAS
11421 WILD CAT LANE
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7313 Windsor Mill Road
83
84 City: Hudson FL 85 Zip Code: 34667

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PAULSON, JAMES	1.2 NAME	
STREET ADDRESS	7430 BALTUSROL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT. RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FRANCE, JAMES	2.2 NAME	
STREET ADDRESS	8759 WOLF DEN TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	PCD	3.1 TITLE	☒ Change ☐ Addition
NAME	LECKRONE, THOMAS	3.2 NAME	
STREET ADDRESS	67 FOREST DR	3.3 STREET ADDRESS	7313 Windsor Mill Road
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	3.4 CITY-ST-ZIP	Hudson, FL 34667
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	CUMBAA, JAY	4.2 NAME	Thomas, Jeffrey
STREET ADDRESS	12942 PEBBLE BCH CIR	4.3 STREET ADDRESS	7317 Bellows Falls Lane
CITY-ST-ZIP	BAYONET PT FL	4.4 CITY-ST-ZIP	Bayonet Point, FL 34667-2202
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	TAFEL, JOHN	5.2 NAME	Morris, Walter
STREET ADDRESS	18528 GRACIE LEE LN	5.3 STREET ADDRESS	8701 Braxton Drive
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	Bayonet Point, FL 34667
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: W. Thomas Leckrone Fr. W. Thomas Leckrone 1/20/95 (813) 863-8560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007612