FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

769887

(1)

ST. MARTIN'S EPISCOPAL CHURCH OF PASCO COUNTY, I

FILED Jan 30 1997 8:00am Secretary of State



NC.							
Principal Place of Business Mail		Mailing Address	ailing Address			IBOL OLOH OHON BION ATUK	DIEN GIBII IEEE
1 1900. 00 1		15801 US HWY 19 HUDSON FL 34667-3602					
					3. Date incorporated or Qualified 08/18/1983	3a. Date of Last 03/04/1	Report 996
2. Principal Place of Business		2a. Mailing Address			4. FC1 Number 59-2316629	<u> </u>	Applied For
Suite, Apt. #, etc.		Suite Apt. #, etc.		· -	00 20 10020	_ ¢0.75	Not Applicable Additional
22		27			5. Certificate of Status Desired	T	Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	28	Country		Trust Fund Contribution		to Fees
24	25 29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
[9. Name and Address of Current		- 1		10. Name and Address of New Re		
921 PALM DR BELLEAIR BEACH FL 34634 83 84 City					David A. Dorsey ddress (P.O. Box Number is Not Acceptable) 5618 Grand Blyd New Port lichey FL 85 Zip Code 34653		
office or registered opens, a bolty of the Statishol Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with anniar director of the control of the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with anniar director of the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with anniar director of the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with anniar director of the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with anniar director of the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with anniar director of the corporation's board of directors. Thereby accept the appointment as registered agent, Lam familiar with anniar director of the corporation of the c							
12.	D OFFICERS AND	DIRECTORS DELETE	13.	I I		ERS AND DIRECTO	(
NAME	FRENCH, ROBERT	X access	1,2 NAME	[-	Evans, John	changs	P I volutou 6
STREET ADDRESS	DO DISTORDED ON OUR				2142 Clayton Ave.		[5
CITY-ST-ZIP	HOMOSASSA FL 34446		1.4 CHTY - S		Spring Hill, FL 34609		
TITLE	T	DELETE	2 1 10 LE			Change	Addition
NAME	DORSEY, DAVID		2.2 NAME				^
STREET ADDRESS	5618 GRAND BLVD		23 STREET	ADDRESS		_	
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CiTY - 9	T - Zif'	3465		
TITLE	PD	DITELE	3.1 ₹/71€			☐ Change	Addition
NAME	STADEL, JEROLD R		3.2 NAME	ļ			ļ
STREET ADDRESS	921 PALM DR		3 3 STREET				
CITY-ST-ZIP	BELLEAIR BEACH FL 34634	DELETE	3.4. CHY- S	1-21P		Change	N Addition
TITLE	D THOMAS ICECDES	Drittit	4.1 TITLE	"		L. Change	X Addition
NAME	THOMAS, JEFFREY 7317 BELLOWS FALLS LANE		4. 2 NAME	1 N	lay, Jeffrey		
STREET ADDRESS			4.3 STREFT		7620 Carthage Ave.		
CITY - ST - ZIP	BAYONET POINT FL	DELETE	4.4 CITY - S	- ZIP S	Spring Hill, FL 34610	☐ Change	X Addition
TITLE	D Morris, Walter	[] <i>U</i> (((()	5.1 TITLE	}		∟ спанде	X1 Nonnon
NAME DESCRIPTION			5.2 NAME	1EOU S			
STREET ADDRESS	8701 BRAXTON DRIVE		5.3 STREET ADORESS		3466	57	
CITY-ST-ZIP	BAYONET POINT FL	DECETE	5.4 CITY- ST-7IP		5400	☐ Change	Addition
TITLE		ב) טנננונ	61 HILF			∟ Слапде	LI AGUIRON
NAME			6.2 NAME	1000157			-
STREET ADDRESS			6.3 STREE1				
CITY-ST-ZIP			6.4 CHY - S	1 · 7(P			

14. I do 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or off an all ichment with an address