

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02522 (3)
1. Corporation Name
THE EPISCOPAL CHURCH OF THE HOLY APOSTLES



Principal Place of Business Mailing Address
%LOUIS A. TOWSON
505 GRANT AVENUE
SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified **04/12/1984** 3a. Date of Last Report **03/20/1995**
4. FEI Number **59-1655830** 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
TOWSON, LOUIS A.
505 GRANT AVENUE
SATELLITE BEACH FL 32937

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 | |
|----------------------------|--|--|---|
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 11 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICH, JULIA | 12 NAME | McHugh, Pat |
| STREET ADDRESS | 670 CANAL CT | 13 STREET ADDRESS | 225 Debra Court |
| CITY-ST-ZIP | SATELLITE BSH FL | 14 CITY-ST-ZIP | Satellite Beach FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 21 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GODFREY, RANDALL | 22 NAME | James Patton |
| STREET ADDRESS | 295 CHERRY DRIVE | 23 STREET ADDRESS | 670 Anderson Court |
| CITY-ST-ZIP | SATELLITE BOH FL | 24 CITY-ST-ZIP | Satellite Beach, FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 31 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EMERY, CARLETON | 32 NAME | Eric Larson |
| STREET ADDRESS | 250 JASON CT | 33 STREET ADDRESS | 417 Tortoise View Circle |
| CITY-ST-ZIP | SATELITE BEACH FL | 34 CITY-ST-ZIP | Satellite Beach, FL |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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: *Patricia A. McHugh* 3/29/96 (407) 636-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Patricia McHugh

CR2E037 (12/95)