

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:18

DOCUMENT # **N10329** (3)

1. Corporation Name  
**ST. JOHN'S EPISCOPAL CHURCH, INC.**

Principal Place of Business Mailing Address  
**145 NE 10TH STREET HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/19/1985** 3a. Date of Last Report **01/25/1994**  
4. FEI Number **59-0966404** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRYSTOW, HENRY W.  
633 NORTH KROME AVENUE  
HOMESTEAD FL 33030**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ZIEGLER, CHARLES</b>
STREET ADDRESS	<b>448 NW 17 ST</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>D</b>
NAME	<b>GOOD, JAMES</b>
STREET ADDRESS	<b>19400 S.W. 900TH COURT</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>D</b>
NAME	<b>LOCC, MARY FRANCES</b>
STREET ADDRESS	<b>10345 S.W. 312TH STREET</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>T</b>
NAME	<b>HELMS, SHARON</b>
STREET ADDRESS	<b>27501 SW 166 AVE</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>T</b>
NAME	<b>TALBIRD, RAYMOND</b>
STREET ADDRESS	<b>224 NW 20 ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>PERRY, ELIZA</b>
STREET ADDRESS	<b>425 NW 16 ST</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Shoemaker, Eric</b>
2.3 STREET ADDRESS	<b>27420 SW 167 Ct.</b>
2.4 CITY - ST - ZIP	<b>Homestead, FL 33031</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Palmer, Larry</b>
3.3 STREET ADDRESS	<b>30100 SW 168 Ct.</b>
3.4 CITY - ST - ZIP	<b>Homestead, FL 33030</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sharon Helms*  
**Sharon Helms**

**2-7-95**

**246.3000**