

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

145 NE 10TH STREET  
HOMESTEAD FL 33030

3. Date Incorporated or Qualified

**07/19/1985**

3a. Date of Last Report

**02/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-0966404**

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZIEGLER, CHARLES</b>	
STREET ADDRESS	<b>446 NW 17 ST</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHOEMAKER, ERIC</b>	
STREET ADDRESS	<b>27420 SW 167TH CT</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PALMER, LARRY</b>	
STREET ADDRESS	<b>30100 SW 168TH CT</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HELMS, SHARON</b>	
STREET ADDRESS	<b>27501 SW 166 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TALBIRD, RAYMOND</b>	
STREET ADDRESS	<b>224 NW 20 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PERRY, ELIZA</b>	
STREET ADDRESS	<b>425 NW 16 ST</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>WARD, BETSY</b>
5.3 STREET ADDRESS	<b>P.O. Box 924195</b>
5.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33092-4195</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>POWELL, ROYCE</b>
6.3 STREET ADDRESS	<b>27222 SW 164 AVE</b>
6.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33031</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sharon Helms*

2-15-96

Date

246-3000

Daytime Phone #

CR2E037 (12/95)