

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33030-4633

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

3. Date Incorporated or Qualified 07/19/1985 3a. Date of Last Report 02/22/1996
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
KRYSTOW, HENRY W.
633 NORTH KROME AVENUE
HOMESTEAD FL 33030

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 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, CHARLES	1.2 NAME	Bart Douglas
STREET ADDRESS	446 NW 17 ST	1.3 STREET ADDRESS	26501 SW 173 Ct.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, ERIC	2.2 NAME	Revelyn Moss
STREET ADDRESS	27420 SW 167TH CT	2.3 STREET ADDRESS	464 NW 23 St.
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, LARRY	3.2 NAME	
STREET ADDRESS	30100 SW 168TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, SHARON	4.2 NAME	Mary R. Gross
STREET ADDRESS	27501 SW 166 AVE	4.3 STREET ADDRESS	1733 N. Egret Rd.
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, BETSY	5.2 NAME	Lily Olson
STREET ADDRESS	P.O. BOX 924195 N/A	5.3 STREET ADDRESS	14524 SW 298 Ter.
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	Leisure City FL 33033
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ROYCE	6.2 NAME	Kenneth Carroll
STREET ADDRESS	27222 SW 164TH AVENUE	6.3 STREET ADDRESS	15461 SW 294 Terr.
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	Leisure City, FL 33033

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: BART DOUGLAS *Bart Douglas* 2/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024127

CR2E037 (9/96)