

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10329 (3)

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

Principal Place of Business 145 NE 10TH STREET HOMESTEAD FL 33030	Mailing Address 145 NE 10TH STREET HOMESTEAD FL 33030
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3. Date Incorporated or Qualified 07/19/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-0966404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, BART	1.2 NAME	Wideman, Valerie
STREET ADDRESS	26501 SW 173RD ST	1.3 STREET ADDRESS	30810 SW 191 Ave.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead FL 33030
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, EVELYN	2.2 NAME	
STREET ADDRESS	464 NW 23RD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, LARRY	3.2 NAME	Vaughn, Barbara
STREET ADDRESS	30100 SW 168TH CT	3.3 STREET ADDRESS	980 Constitution Dr. Unit J
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	Homestead FL 33034
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, MARY R	4.2 NAME	
STREET ADDRESS	1733 N EGRET ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, LILY	5.2 NAME	
STREET ADDRESS	14524 SW 298 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEISURE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, KENNETH	6.2 NAME	Klassen, Waldy
STREET ADDRESS	15461 SW 294 TERRACE	6.3 STREET ADDRESS	16921 SW 278 Street
CITY-ST-ZIP	LEISURE CITY FL	6.4 CITY-ST-ZIP	Homestead FL 33031

14. I 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 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: _____ **MARY R. GROSS 1-19-98 247-5343**

CR2E037 (10/97)