NONPROFIT -CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Kathorine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N10329**

1. Corporation Name

ST. JOHN'S EPISCOPAL CHURCH, INC.

Principal Place of Busin	8
145 NE 10TH STREET	
HOMESTEAD FL 33030	

2. Principal Place of Business

Mailing Address

145 NE 10TH STREET HOMESTEAD FL 33030

2a. Mailing Address

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90200 017 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

07/19/1985

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City & State 23   27   28   29   30   5   29   30   7   29   30   7   20   20   20   20   20   20   20		#, etc.	<del></del>							٠
23	22					39 0900101		<del></del>		
Country   Coun	L ·	te	<del> </del>			.5. Certificate of Status Desired		•		
28					v=====	6. Election Campaign Financing		\$5.00 Ma	v Be	_
9. Name and Address of Current Registered Agent  KRYSTOW, HENRY W. 633 NORTH KROME AVENUE HOMESTEAD F1 33030  11. Pursuant to the provisions of Secions 617 0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am failthir 179, 2004 except by the Obligatory F1, Region 179, 500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am failthir 179, 2004 except by the Obligatory F1, Region 179, 500, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am failthir 179, 2004 except by the Obligatory F1, Region 179, 500, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am failthir 179, 2004 except by the Corporation's board of directors. I hereby accept the appointment as registered agent. I am failthir 179, 2004 except by the Corporation's board of directors. I hereby accept the appointment as registered agent. I am failthir 179, 2004 except by the Corporation's board of directors. I hereby accept the purpose of changing its registered agent. I am failthir 179, 2004 except provided when remained as registered as a support of the corporation's board of directors. I hereby accept the appointment as registered agent. I am failthir 179, 2004 for the corporation's board of directors. I hereby accept the appointment as registered and accept the corporation's board of directors. I hereby accept the appointment as registered and accept the corporation's board of directors. I hereby accept the appointment as registered accept the corporation's board of directors. I hereby accept the appointment as registered accept the corporation's board of directors. I hereby accept the co	<u></u>	<u> </u>	29	30	•		u			
KRYSTOW, HENRY W. 633 NORTH KROME AVENUE HOMESTEAD FL 33030  42 City (\( \) (\( \) (\) (\) (\) (\) (\) (\) (			t Registered Agent			10. Name and Address of New	Registered Apo	<u>at</u>		
RESTORM MADE  The provisions of Sections 817,0502 and 817,1508, Florida Statutes, the above and of directors. I hambly accept the appointment as registered office or registered agent, or both, in the State of Fordia. Such change was authorized by the corporation's board of directors. I hambly accept the appointment as registered office or registered agent, or both, in the State of Fordia. Such change was authorized by the corporation's board of directors. I hambly accept the appointment as registered office or registered agent, or both, in the State of Fordia. Such change was authorized by the corporation's board of directors. I hambly accept the appointment as registered office or registered agent, or both, in the State of Fordia. Such change was authorized by the corporation's board of directors. I hambly accept the appointment as registered office or registered agent, or both, in the State of Fordia. Such change was authorized by the corporation's board of directors. I hambly accept the appointment as registered of provided when reviews and the registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appointment as registered of provided by the corporation's board of directors. I hambly accept the appoint				8	1 Name	Anneall Conn	Fed R	Stant	· cin	
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HOMESTEAD FL 33030  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bord of directors. I hereby accept the appointment as registered agent, and familiar with, applications of Florida. Such change was authorized by the corporation's bord of directors. I hereby accept the appointment as registered agent and familiar with, applications of Florida Statutes.  SIGNATURE  SIGNATURE  SUPPLIANCE  SUPPLIAN		• • • • • • • • • • • • • • • • • • • •								
41. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Staturias, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the objective of positions of po				8	3					
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the papointhent as registered office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, Produce Present Institute of Ingentaria special and of registered agent agents required when reviewed wh	· · · · · · · · · · · · · · · · · · ·	J-D 1 L 00000		<u>-</u>	4 00		· )	s Zin Cod		
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Signature, Propert of Primed arms of inspiration agent and take if applicables.   Prime   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.1   TIME   Steve Brodie   Change   Cha	office or r agent. 1 a	registered agent, or both, in the State im familiar with, and accept the obliga	of Eloelda Such change was at	ITROOTEGI D	v ine comomitic	oration submits this statement for the on's board of directors. I hereby acce	pi die appoilible	nir as i magisti	tstered ered	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(ii), Florida Statutes. I further certify that I am an indicate the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(ii), Florida Statutes. I further certify that I am an indicate the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(ii), Florida Statutes. I further certify that I am an indicate the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(iii), Florida Statutes. I further certify that I am an indicate the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(iii), Florida Statutes. I further certify that I am an indicate the information supplied with the informatio	14.   hereby	certify that the information supplied wi	th this filing does not qualify for	the examp	tion stated in S	Section 119.07(3)(i), Florida Statutes.	I further certify the	nat the infor	mation	

indicated on this annual report or supplemental annual report is true and accurate and that my sugnature stall have the same legal effect as a medical or the receiver or trustee empowered to excite 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, with all other like empowered.