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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10725**

1. Corporation Name

ST. DAVID'S EPISCOPAL CHURCH

Principal Place of Business	Mailing Address
C/O EDWIN M WALKER 401 S. BROADWAY ENGLEWOOD FL 34223	C/O EDWIN M WALKER 401 S. BROADWAY ENGLEWOOD FL 34223

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/16/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6173767 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WALKER, REV EDWIN M
401 S. BROADWAY
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: HARRY E. BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 401 S. Broadway
83
84 City: Englewood **FL** 85 Zip Code: 34223

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: Harry E. Brown — HARRY E. BROWN, SENIOR WARDEN — DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	R	☒ DELETE	1.1 TITLE	SENIOR WARDEN	☒ Change ☐ Addition
NAME	WALKER, REV EDWIN M		1.2 NAME	HARRY E. BROWN	
STREET ADDRESS	401 S BROADWAY		1.3 STREET ADDRESS	401 S. BROADWAY	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	☒ DELETE	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	HOLTAM, JACK		2.2 NAME	DEIRDRE BEAN	
STREET ADDRESS	860 CONNEMARA DR		2.3 STREET ADDRESS	10459 WILMINGTON BOULEVARD	
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP	ENGLWOOD, FL 34224	
TITLE	DT	☒ DELETE	3.1 TITLE	FINANCIAL SECRETARY	☒ Change ☐ Addition
NAME	GROSS, DAVID E		3.2 NAME	JOAN PLOCK	
STREET ADDRESS	8351 PARKSIDE DR		3.3 STREET ADDRESS	58 PINEHURST PLACE	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE	DCS	☒ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DES MARAIS, MARGARET L.		4.2 NAME	PHYLLIS E. BROWN	
STREET ADDRESS	1410 SAN JOSE DRIVE		4.3 STREET ADDRESS	401 S. BROADWAY	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Harry E. Brown **REQUIRED** — HARRY E. BROWN, [illegible] — (941) 474-3140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #