

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 # **N12336** (6)

1. Corporation Name
ST. MARY THE VIRGIN ANGLICAN CHURCH, INC.



Principal Place of Business: 101 HOMEWOOD BLVD. DELRAY BCH FL 33445
Mailing Address: 101 HOMEWOOD BLVD. DELRAY BCH FL 33445

3. Date Incorporated or Qualified: 11/20/1985
3a. Date of Last Report: 01/24/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2460286	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*FREDRICK L. BASIL
101 HOMEWOOD BLVD.
DELRAY BCH FL 33445

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	ASD	1.1 TITLE	PD
NAME	NOWLIN, JAMES JR	1.2 NAME	BASIL, FREDRICK L.
STREET ADDRESS	3860 LONE PINE RD	1.3 STREET ADDRESS	101 HOMEWOOD BLVD
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33436
TITLE	VD	2.1 TITLE	
NAME	PALMER, WESTON	2.2 NAME	
STREET ADDRESS	22141 SOLEIL CIRCLE E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	AMBROSE, MARACIA	3.2 NAME	
STREET ADDRESS	3110 SE 1ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SCHILLER, ROBERT G	4.2 NAME	
STREET ADDRESS	4534 BRADY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	BASS, RICHARD B.	5.2 NAME	
STREET ADDRESS	319 HOMEWOOD BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	TD
NAME	WELLS, JAMES	6.2 NAME	WELLS, JAMES R.
STREET ADDRESS	3837 QUAIL RIDGE DRIVE	6.3 STREET ADDRESS	3837 QUAIL RIDGE DR
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436

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, unchanged, or on an attachment with an address.

SIGNATURE: *James R. Wells* 3/11/96 (407) 276-9754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95) 3-18-1996