FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:48

DOCUMENT # N12827 (4)

1. Corporation Name

THE CHURCH OF THE ADVENT, INC. (TRADITIONAL EPIS COPAL)

Principal Place of Business	Mailing Address
700 W RIVER HTS. AVE TAMPA FL 33603-3122	700 W RIVER HTS. AVE TAMPA FL 33603-3122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2621459 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

E.J. MCMULLEN
4902 BAYSHORE BLVD. #514
TAMPA FL 33611

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, GERALD	1.2 NAME	
STREET ADDRESS	410 BERWICK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☑ Addition
NAME	MAHONEY, JAMES R.	2.2 NAME	
STREET ADDRESS	12401 N. 22ND ST. #110	2.3 STREET ADDRESS	(this is an apartment complex) #A110
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ASHBY, ALICE J.	3.2 NAME	
STREET ADDRESS	3710 YARDARN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, JANE	4.2 NAME	
STREET ADDRESS	1904 CANTERBURY LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	T only ☑ Change ☐ Addition
NAME	MCMULLEN, EDMUND J.	5.2 NAME	
STREET ADDRESS	4902 BAYSHORE BLVD #514	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Stephens, Dennis J.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4544 Third Ave. South St. Petersburg Florida

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)(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.

16 FEB 95

SIGNATURE: E.J. McMullen E.J. Mc Mullen Treasurer 813/835-6221
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

6093300