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 # 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

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 02/21/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

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 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(S) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1 TITLE	PD ☐ DELETE	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 Zip 33617
TITLE	D ☐ DELETE	2.1 TITLE ☐ Change ☒ Addition
NAME	MAHONEY, JAMES R.	2.2 NAME
STREET ADDRESS	12401 M. 22ND ST #A110	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP Zip 33612
TITLE	SD ☐ DELETE	3.1 TITLE ☒ Change ☒ Addition
NAME	ASHBY, ALICE J.	3.2 NAME
STREET ADDRESS	3710 YARDARN DR	3.3 STREET ADDRESS 3710 YARDARM DRIVE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP ~~Zip 33611~~
TITLE	D ☐ DELETE	4.1 TITLE ☒ Change ☒ Addition
NAME	WALLACE, JANE	4.2 NAME ENGELMAN JANE
STREET ADDRESS	1904 CANTERBURY LN	4.3 STREET ADDRESS 1904 CANTERBURY LANE #25
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP Zip33573
TITLE	T ☐ DELETE	5.1 TITLE ☐ 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 Zip 33611
TITLE	D ☐ DELETE	6.1 TITLE ☐ Change ☒ Addition
NAME	STEPHENS, DENNIS J.	6.2 NAME
STREET ADDRESS	4544 THIRD AVE SOUTH	6.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP Zip 33711

CR2E037 (12/95)

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 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 13 with an address.

E.J. Mc Mullen
4902 Bayshore Blvd. #514
Tampa, FL 33611

SIC

E.J. Mc Mullen
SIGNATURE(S) & TITLE(S) 1 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 January 96
Date

813/835-611
Daytime Phone #