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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33603-3122700 W RIVER HTS. AVE
TAMPA FL 33603-31223. Date Incorporated or Qualified
12/31/19853a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2621459Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WILKINSON, GERALD
STREET ADDRESS 410 BERWICK AVE
CITY-ST-ZIP TEMPLE TERRACE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MAHONEY, JAMES R.
STREET ADDRESS 12401 M. 22ND ST #A110
CITY-ST-ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME ASHBY, ALICE J.
STREET ADDRESS 3710 YARDARM DR
CITY-ST-ZIP TAMPA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME ENGLEMAN, JANE
STREET ADDRESS 1904 CANTERBURY LANE #25
CITY-ST-ZIP SUN CITY CENTER FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Dale D. Ernsberger
4.3 STREET ADDRESS 12610 N. 51st St.
4.4 CITY-ST-ZIP Tampa, FL 33617TITLE T ☐ DELETE
NAME MCMULLEN, EDMUND J.
STREET ADDRESS 4902 BAYSHORE BLVD #514
CITY-ST-ZIP TAMPA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME STEPHENS, DENNIS J.
STREET ADDRESS 4544 THIRD AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: E.J. Mullen E.J. MCMULLEN 10 Feb 97 813/835-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047083

CP2E037 (9/96)