

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 MAR 29 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12827

1. Corporation Name

ST. MATTHEWS ANGLICAN CHURCH, INC.

Principal Place of Business

700 W RIVER HTS. AVE
TAMPA FL 33603-3122

Mailing Address

700 W RIVER HTS. AVE
TAMPA FL 33603-3122



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10701 Bloomingdale Ave		26 P. O. Box 1173		12/31/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2621459	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Riverview, FL		28 Riverview, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 33569		29 33568-1173		30	
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	
				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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINSON, GERALD		1.2 NAME	Daniel N. Connelly	
STREET ADDRESS	410 BERWICK AVE		1.3 STREET ADDRESS	3810 Buck Tail Lane	
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4 CITY-ST-ZIP	Lithia, FL 33547	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHONEY, JAMES R.		2.2 NAME	Laura M. Harris	
STREET ADDRESS	12401 M. 22ND ST #A110		2.3 STREET ADDRESS	3012 Minuteman Lane	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	SD	<input checked="" type="checkbox"/> DELETE S	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHBY, ALICE J.		3.2 NAME	Allen J. Kleinotas	
STREET ADDRESS	3710 YARDARM DR		3.3 STREET ADDRESS	3612 Greenstone Lane	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNSBERGER, DALE D		4.2 NAME	Thomas W. Mc Kay II	
STREET ADDRESS	12610 N 51 ST		4.3 STREET ADDRESS	809 Tuscany St.	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMULLEN, EDMUND J.		5.2 NAME	Judy Mc Kay	
STREET ADDRESS	4902 BAYSHORE BLVD #514		5.3 STREET ADDRESS	809 Tuscany St.	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	PD	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, ROBERT		6.2 NAME	Alice J. Ashby	
STREET ADDRESS	951 79TH AVE N, #124		6.3 STREET ADDRESS	3710 Yardarm Drive	
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP	Tampa, FL 33611	

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:

E.J. McMullen TreAS. 21 January 1999

CR2E037 (11/98)