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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N18114 (1)

1. Corporation Name
ST. ANNE OF GRACE EPISCOPAL CHURCH INC.



Principal Place of Business: 6660-113TH STREET NORTH SEMINOLE FL 34642
Mailing Address: 6660-113TH STREET NORTH SEMINOLE FL 33772-6214

3. Date Incorporated or Qualified: 12/08/1986
3a. Date of Last Report: 11/25/1996
4. FEI Number: 59-2368486
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
BAGWELL, ROBERT R
6660 113TH ST. N.
SEMINOLE FL 33772

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 617.1506, 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
TITLE: DP [] DELETE
NAME: BAGWELL, ROBERT
STREET ADDRESS: 6660 113TH STREET
CITY-ST-ZIP: SEMINOLE FL
TITLE: D [] DELETE
NAME: OVERTON, WILLIAM
STREET ADDRESS: 9202 132ND STREET
CITY-ST-ZIP: SEMINOLE FL 33776
TITLE: D [] DELETE
NAME: ~~KELOY, JAMES~~ →
STREET ADDRESS: 11763 CAMPHOR WAY
CITY-ST-ZIP: SEMINOLE FL 33772
TITLE: D [] DELETE
NAME: FULLERTON, KEN
STREET ADDRESS: 14445 OAK GLEN DRIVE
CITY-ST-ZIP: LARGO FL 33774
TITLE: D [] DELETE
NAME: CARR, DONALD
STREET ADDRESS: 10515 94TH AVE
CITY-ST-ZIP: SEMINOLE FL 33772
TITLE: D [] DELETE
NAME: BUNNELL, LARRY
STREET ADDRESS: 10555 SHADY OAK LANE
CITY-ST-ZIP: SEMINOLE FL 33777

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME: MELOY, JAMES
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 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: *K. D. Fullerton* KENNETH D. FULLERTON 2/26/97 812-392-4483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/96)