


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18114 (1)
1. Corporation Name
ST. ANNE OF GRACE EPISCOPAL CHURCH INC.



Principal Place of Business 6660-113TH STREET NORTH SEMINOLE FL 33772	Mailing Address 6660-113TH STREET NORTH SEMINOLE FL 33772
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3. Date Incorporated or Qualified 12/08/1986	
4. FEI Number 59-2368486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGWELL, ROBERT	1.2 NAME	
STREET ADDRESS	6660 113TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON, WILLIAM	2.2 NAME	
STREET ADDRESS	9202 132ND STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 33776	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELOY, JAMES	3.2 NAME	HERRING, JOHN
STREET ADDRESS	11763 CAMPHOR WAY	3.3 STREET ADDRESS	1235B MONARCH CIR
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	SEMINOLE, FL 33772
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLERTON, KEN	4.2 NAME	
STREET ADDRESS	14445 OAK GLEN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL 33774	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, DONALD	5.2 NAME	TULGY, PAT
STREET ADDRESS	10515 94TH AVE	5.3 STREET ADDRESS	10912 CARNELIAN LN,
CITY - ST - ZIP	SEMINOLE FL 33772	5.4 CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNNELL, LARRY	6.2 NAME	
STREET ADDRESS	10555 SHADY OAK LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 33777	6.4 CITY - ST - ZIP	

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.

SIGNATURE: _____ DATE: **2/10/98 (B13) 392-4483**

CR2E037 (10/97)