

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 MAR 16 AM 11:07

DOCUMENT # N19343 (5)
1. Corporation Name
THE EPISCOPAL UNIVERSITY CENTER, DIOCESE OF SOUTHWEST FLORIDA, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
12850 N. 50TH STREET TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **02/20/1987** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-2898762** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SCHATZBERG, GLENN E.
219 FOURTH STREET NORTH
ST. PETERSBURG FL 33701**

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 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAIN, ROBERT G.
STREET ADDRESS	12850 N. 50TH STREET
CITY-ST-ZIP	TAMPA FL
TITLE	VD
NAME	WINGARD, RICHARD
STREET ADDRESS	414 FORESTPARK
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	D
NAME	ANDERSON JR., DAVIS
STREET ADDRESS	2002 N. LOIS AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	LINDSEY, RICHARD
STREET ADDRESS	1601 CURLEW ROAD
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D
NAME	HENDERSON, ELISSA
STREET ADDRESS	13301 BRUCE B. DOWNS BOULEVARD
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	RAYBURN, LAWRENCE
STREET ADDRESS	4010 BOY SCOUT BOULEVARD
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Hubbard, Craig
4.3 STREET ADDRESS	508 W. Junaco St.
4.4 CITY-ST-ZIP	Tampa, FL 33604
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Goldman, Henry
5.3 STREET ADDRESS	7807 Rivershore Drive
5.4 CITY-ST-ZIP	Tampa, FL 33604
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. Robert Cain 3/13/95 813-988-6928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
G. ROBERT CAIN