

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19343 (5)
1. Corporation Name
THE EPISCOPAL UNIVERSITY CENTER, DIOCESE OF SOUTHWEST FLORIDA, INCORPORATED



Principal Place of Business 12850 N. 50TH STREET TAMPA FL 33617	Mailing Address 12850 N. 50TH STREET TAMPA FL 33617-1004
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3. Date Incorporated or Qualified 02/20/1987		3a. Date of Last Report 03/13/1996	
2. Principal Place of Business 21		4. FEI Number 59-2898762	
2a. Mailing Address 26		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAIN, ROBERT G.	
STREET ADDRESS	12850 N. 50TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WINGARD, RICHARD	
STREET ADDRESS	414 FORESTPARK	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAZIER, RAY	
STREET ADDRESS	8017 W FOUNTAIN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBBARD, CRAIG	
STREET ADDRESS	508 W. JUNEAU ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDMAN, HENRY	
STREET ADDRESS	7807 RIVERSHORE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
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	Hubbard, Craig
4.3 STREET ADDRESS	702 Seaboard Place
4.4 CITY-ST-ZIP	Tampa, FL 33602
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Goldman, Henry
5.3 STREET ADDRESS	8209 Royal Sand Circle Apt 109
5.4 CITY-ST-ZIP	Tampa, FL 33615
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 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: GRCain **G. R. CAINE** Director 1-10-97 8139886928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048418

CR2E037 (9/96)