

FILE NOW: FILING FEE IS \$61.25

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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	Mailing Address
12850 N. 50TH STREET TAMPA FL 33617	12850 N. 50TH STREET TAMPA FL 33617-1004



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/20/1987</b>		3a. Date of Last Report <b>03/13/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2898762</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SCHATZBERG, GLENN E.</b> <b>219 FOURTH STREET NORTH</b> <b>ST. PETERSBURG FL 33701</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAIN, ROBERT G.</b>	1.2 NAME	
STREET ADDRESS	<b>12850 N. 50TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINGARD, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>414 FORESTPARK</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZIER, RAY</b>	3.2 NAME	
STREET ADDRESS	<b>8017 W FOUNTAIN AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUBBARD, CRAIG</b>	4.2 NAME	<b>Hubbard, Craig</b>
STREET ADDRESS	<b>508 W. JUNEAU ST.</b>	4.3 STREET ADDRESS	<b>702 Seaboard Place</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, HENRY</b>	5.2 NAME	<b>Goldman, Henry</b>
STREET ADDRESS	<b>7807 RIVERSHORE DRIVE</b>	5.3 STREET ADDRESS	<b>8204 Royal Sand Circle Apt 109</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	<b>Tampa, FL 33615</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYBURN, LAWRENCE</b>	6.2 NAME	
STREET ADDRESS	<b>4010 BOY SCOUT BOULEVARD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	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: G. R. CAIN **G. R. CAIN** Director 1-10-97 8139886928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048418

CR2E037 (9/96)