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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 # **N21697** **(0)**

1. Corporation Name

ST. MONICA'S EPISCOPAL CHURCH OF STUART, FLORIDA , INC.

Principal Place of Business	Mailing Address
C/O JAMES L.S. BOWDISH 555 COLORADO AVENUE. SUITE ONE STUART FL 34994	C/O JAMES L.S. BOWDISH 555 COLORADO AVENUE. SUITE ONE STUART FL 34994-3006

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 800 Central Ave
22: Suite, Apt. #, etc.
23: City & State: Stuart, FL
24: Zip: 34995
25: Country: USA

2a. Mailing Address
26: P.O. Box 1798
27: Suite, Apt. #, etc.
28: City & State: Stuart, FL
29: Zip: 34995
30: Country: USA

4. FEI Number: 65-0128978 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOWDISH, JAMES L. S.
555 COLORADO AVENUE
SUITE ONE
STUART FL 34994

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTIE, JAMES A.		1.2 NAME	
STREET ADDRESS	915 HALL ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTIE, HELEN		2.2 NAME	
STREET ADDRESS	915 HALL ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, STERLING		3.2 NAME	
STREET ADDRESS	2192 NE PELICAN TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, HELEN E.		4.2 NAME	
STREET ADDRESS	4570 SE COVE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. SALERNO FL		4.4 CITY-ST-ZIP	
TITLE	DCS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DEVONE, CARRYE		5.2 NAME	
STREET ADDRESS	458 SE LAMON LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	D ☐ Change ☐ Addition
NAME	DEAN, TROY D		6.2 NAME	Dean, Troy D.
STREET ADDRESS	366U-D SW QUAIL MEADOW TR.		6.3 STREET ADDRESS	5413 SE 48th Ave
CITY-ST-ZIP	PALM CITY FL		6.4 CITY-ST-ZIP	Stuart, FL 34997

CR2E037 (9/96)

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: [illegible] Troy D. Dean 3/2/97 561-221-4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071865