

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED
95 MAY -1 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27350 (0)
1. Corporation Name
EPISCOPAL CHURCH OF AMERICA, INC.

Principal Place of Business: 1410 LAKE TARPON AVENUE, TARPON SPRINGS FL 34689
Mailing Address: 1410 LAKE TARPON AVENUE, TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 07/11/1988
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3056092
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: 21
2a. Mailing Address: 25
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24
25
Country: 29
30

9. Name and Address of Current Registered Agent
RECTOR, ROBERT L.
1205 E. LEMON STREET
TARPON SPRINGS FL 34689
30230 JOHNSON RD.
DADE CITY, FL 33525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
30230 JOHNSON RD.
83
84 City: DADE CITY FL 85 Zip Code: 33525

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 607.0505, Florida Statutes.

SIGNATURE: *Robert L. Rector* ROBERT L. RECTOR 4/28/95
NOTE: Registered Agent signature required when re-registering. DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	RECTOR, ROBERT L.
STREET ADDRESS	1205 E. LEMON ST.
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	SD
NAME	RECTOR, LADONNA L.
STREET ADDRESS	1205 E. LEMON ST.
CITY - ST - ZIP	TARPON STRINGS FL.
TITLE	SD
NAME	ROBINSON, DORIS
STREET ADDRESS	3412 NORMANDY BLVCD.
CITY - ST - ZIP	HOLIDAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VANCE, ROBERT G.
3.3 STREET ADDRESS	3972 OMEGA LANE
3.4 CITY - ST - ZIP	SARASOTA, FL. 34235
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Rector* ROBERT L. RECTOR 4/28/95 813
9385924