

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **07/11/1988**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3056092	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RECTOR, ROBERT L.
3230 JOHNSTON 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)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	RECTOR, ROBERT L.	
STREET ADDRESS	1205 E. LEMON ST.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RECTOR, LADONNA L.	
STREET ADDRESS	1205 E. LEMON ST.	
CITY-ST-ZIP	TARPON STRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANCE, ROBERT G.	
STREET ADDRESS	3972 OMEGA LANE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRUSTEE / DIRECTOR / CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	30230 JOHNSTON RD	
1.4 CITY-ST-ZIP	DADE CITY, FL. 33525	
2.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR / TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LOUIS C. BOBALAIN	
4.3 STREET ADDRESS	8455-4 GARDENS CIR.	
4.4 CITY-ST-ZIP	SARASOTA, FL. 34234	
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)(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 617, 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* / **FR. ROBERT L. RECTOR** 4/24/96 (904) 588 3729

CR2E037 (12/95)