

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N30652 (4)

1. Corporation Name

ST. MARY'S EPISCOPAL CHURCH OF DAYTONA BEACH, IN  
C.

Principal Place of Business

216 ORANGE AVE.  
DAYTONA BEACH FL 32114

Mailing Address

216 ORANGE AVE.  
DAYTONA BEACH FL 32114



3. Date Incorporated or Qualified  
02/13/1989

3a. Date of Last Report  
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0714832

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNN, FRAN RIZZO  
935 WILLOW RUN  
ORMOND BEACH FL 32174

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 617.1506, 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 if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, NICHOLAS	
STREET ADDRESS	935 WILLOW RUN	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIELICK, RALPH	
STREET ADDRESS	180 GRAY DOVE CT.	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORLIS, PETER	
STREET ADDRESS	1216 MANDRAKE ROAD	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RULE, ALAN R.	
STREET ADDRESS	721 SOUTH BEACH STREET	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LENTZ, KAY	
STREET ADDRESS	1215 S. PENINSULA DRIVE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANY, JERRY	
STREET ADDRESS	5628 WILSON DRIVE	
CITY - ST - ZIP	PORT ORANGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Millar, Paul	
1.3 STREET ADDRESS	1538 Rusty Circle	
1.4 CITY - ST - ZIP	Port Orange, FL 32119	
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		
4.3 STREET ADDRESS	216 Orange Avenue	
4.4 CITY - ST - ZIP	Daytona Beach, FL 32114	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shaw, Gloria	
5.3 STREET ADDRESS	761 Renegade Lane	
5.4 CITY - ST - ZIP	Port Orange, FL 32119	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Fenner, Pat	
6.3 STREET ADDRESS	1255 Cedar Circle	
6.4 CITY - ST - ZIP	Holly Hill, FL 32117	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)