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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/13/1989

4. FEI Number

59-0714832

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No



**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 617.1508, 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: type or printed name of registered agent (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **MACDONALD, ROBERT S**
STREET ADDRESS **2264 LAS FUENTES DR**
CITY - ST - ZIP **S DAYTONA FL**

TITLE ☐ DELETE

NAME **BLOOM, SANDY**
STREET ADDRESS **923 VALENCIA RD**
CITY - ST - ZIP **S DAYTONA FL**

TITLE ☐ DELETE

NAME **CORLIS, PETER**
STREET ADDRESS **1216 MANDRAKE ROAD**
CITY - ST - ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **RULE, ALAN R.**
STREET ADDRESS **216 ORANGE AVE.**
CITY - ST - ZIP **DAYTONA BEACH FL**

TITLE ☒ DELETE

NAME **SHAW, GLORIA**
STREET ADDRESS **761 RENEGADE LANE**
CITY - ST - ZIP **PORT ORANGE FL**

TITLE ☐ DELETE

NAME **RICKEY, JIM**
STREET ADDRESS **108 KINGS PT CT**
CITY - ST - ZIP **DAYTONA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Corliss, Peter

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**D Fenner, Pat
105 Meadowbrook Circle
Daytona Beach, FL 32114**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Richey, Jim

14. I 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:

FRAN RIZZO

1-22-98

904-448

255-3669

CR2E037 (10/97)