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APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

35 JAN 24 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N44163 (6)
1. Corporation Name
AN EPISCOPAL CENTER FOR SPIRITUAL DEVELOPMENT, I
NC.

Principal Place of Business Mailing Address
ST. JOHNS' EPISCOPAL CHURCH ST. JOHNS' EPISCOPAL CHURCH
1676 SOUTH BELCHER ROAD 1676 SOUTH BELCHER ROAD
CLEARWATER FL 34624-6718 CLEARWATER FL 34624-6718

3. Date Incorporated or Qualified 07/02/1991 3a. Date of Last Report 02/16/1994

4. FEI Number -503083388 59-3072288 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, GERTRUDE J.
2019 CORONET LANE
CLEARWATER FL 34624-3742

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WHARTON, MARTHA
STREET ADDRESS 1373 FAIRFAX RD
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME GATLIN, MARILYN
STREET ADDRESS 1699 SUMMERDALE DR
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME ROBERTSON, JEANNE
STREET ADDRESS 3336 SAN BERNARDINO ST.
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME CLARK, GERTRUDE J.
STREET ADDRESS 2019 CORONET LANE
CITY-ST-ZIP CLEARWATER, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ASS
NAME GLANTZ, FRANCES R.
STREET ADDRESS 500 S. BELCHER RD., #108
CITY-ST-ZIP LARGO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gertrude J. Clark GERTRUDE J. CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-95 813/531-6838