

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 # **N44163** (6)

1. Corporation Name

**AN EPISCOPAL CENTER FOR SPIRITUAL DEVELOPMENT, I
NC.**



Principal Place of Business

Mailing Address

**ST. JOHNS' EPISCOPAL CHURCH
1676 SOUTH BELCHER ROAD
CLEARWATER FL 34624-6718**

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1676 SOUTH BELCHER ROAD
CLEARWATER FL 34624-6718**

3. Date Incorporated or Qualified
07/02/1991

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 5204

4. FEI Number

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**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

22

27

CLEARWATER FL

Zip

Country

Zip

Country

24

25

29

34618

FLORIDA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
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** ☐ DELETE
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** ☐ DELETE
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** ☐ DELETE
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** ☒ DELETE
NAME **GLANTZ, FRANCES R.**
STREET ADDRESS **500 S. BELCHER RD., #108**
CITY-ST-ZIP **LARGO FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **ASS TREAS**
5.3 STREET ADDRESS **MARLENE EICHELBERGER**
5.4 CITY-ST-ZIP **3251 WILLOWBROOK DRIVE**
CLEARWATER, FL. 34624

TITLE ☐ DELETE
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)(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: **Gertrude J. Clark** **GERTRUDE J. CLARK**
TREASURER **1-18-96 813) 521-6838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)