

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 # N93000003471 (0)

1. Corporation Name

ST. CECILIA'S EPISCOPAL CHURCH, INC.



Principal Place of Business

**1920 SOUTH MAYDELL DRIVE
TAMPA FL**

Mailing Address

**1920 SOUTH MAYDELL DRIVE
TAMPA FL 33619
US**

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

02/03/1995

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

4. FEI Number

59-3198376

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIEBLE, CHARLES A
5708 PALM RIVER ROAD
TAMPA FL 33619**

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

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCINTYRE, BILLIE L	
STREET ADDRESS	4717 10TH AVE S	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIEZ, VICTOR	
STREET ADDRESS	2712 MAYDELL DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEINOTAS, SCOTT	
STREET ADDRESS	320 RIVERPOINT DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEINOTAS, ALLEN	
STREET ADDRESS	153 MT TAHOE CIRCLE	
CITY-ST-ZIP	VALRIECE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	1009 SOUTH 48TH STREET	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LINDA	
STREET ADDRESS	1009 SOUTH 48TH STREET	
CITY-ST-ZIP	TAMPA FL 33619	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nancy D. O'Rourke	
1.3 STREET ADDRESS	2712 Maydell Dr.	
1.4 CITY-ST-ZIP	Tampa FL 33619	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harry Fotopoulos	
2.3 STREET ADDRESS	5401 Bieriot Place	
2.4 CITY-ST-ZIP	Riverview FL 33569	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nancy Kittle	
3.3 STREET ADDRESS	10609 Cone Grove Rd	
3.4 CITY-ST-ZIP	Riverview FL 33569	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry Fotopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-96 (813) 633-1992

CR2E037 (12/95)