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Mar 27 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 # **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

4. FEI Number

59-3198376

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

LINDA SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

1009 SOUTH 48TH ST

83

84 City

TAMPA

FL

85 Zip Code
33619

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 *Linda D. Smith*
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 type="checkbox"/> DELETE
NAME	NANCY D. O'ROURKE	
STREET ADDRESS	2712 MAYDELL DR	
CITY-ST-ZIP	TAMPA FL 33619	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ONOURKE, DENNIS	
STREET ADDRESS	2712 MAYDELL DR	
CITY-ST-ZIP	TAMPA FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCINTYRE, GORDON	
STREET ADDRESS	2211 DAVIS ST	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERS, ROBERT	
STREET ADDRESS	1412 HIGH KNOLL DR	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCOTT KLEINOTAS	
1.3 STREET ADDRESS	1006 48th St. So.	
1.4 CITY-ST-ZIP	Tampa FL 33619	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCARLETT LENIHAN	
2.3 STREET ADDRESS	3940 Gallagher Rd.	
2.4 CITY-ST-ZIP	Dover FL 33527	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CONSTANCA PETERS	
3.3 STREET ADDRESS	1412 HIGH KNOLL DR	
3.4 CITY-ST-ZIP	BRANDON FL 33511	

4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GENE CARMAN	
4.3 STREET ADDRESS	215 OKLAHOMA DR	
4.4 CITY-ST-ZIP	RIVERVIEW, FL 33569	

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 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: *Linda D. Smith*

CR2E037 (10/97)