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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003471

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/30/1993

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

9. Name and Address of Current Registered Agent

SMITH, LINDA
1009 S 48TH ST
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name The Rev. Floyd W. Brewer
82 Street Address (P.O. Box Number is Not Acceptable)
601 So. Manhattan Ave
83
84 City Tampa FL 85 Zip Code 33605

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 Floyd W. Brewer

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

(NOTE: Registered Agent signature required when reinstating)

2/21/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	NANCY D. O'ROURKE	
STREET ADDRESS	2712 MAYDELL DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	DELETE
NAME	KLEINOTAS, SCOTT	
STREET ADDRESS	1006 48TH ST S	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	Secretary	DELETE
NAME	LENIHAN, SCARLETT	
STREET ADDRESS	3940 GALLAGHER RD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	D	DELETE
NAME	PETERS, ROBERT	
STREET ADDRESS	1412 HIGH KNOLL DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	T	DELETE
NAME	CARMAN, GENE	
STREET ADDRESS	215 OKLAWAHA DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	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	Change	Addition
1.2 NAME	Richard Gingrich		
1.3 STREET ADDRESS	1617 Vincennes Dr		
1.4 CITY-ST-ZIP	Sun City Center FL 33573		
2.1 TITLE	D	Change	Addition
2.2 NAME	Andrew Marsh		
2.3 STREET ADDRESS	333 Hollowtree Dr.		
2.4 CITY-ST-ZIP	Seffner FL 33584		
3.1 TITLE	Secretary	Change	Addition
3.2 NAME	Scarlett Lenihan		
3.3 STREET ADDRESS	3940 Gallagher Rd		
3.4 CITY-ST-ZIP	DOVER FL 33527		
4.1 TITLE	D	Change	Addition
4.2 NAME	Robert Yates		
4.3 STREET ADDRESS	2110 Golfview Dr. N.		
4.4 CITY-ST-ZIP	Plant City FL 33567		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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, with all other like empowered.

SIGNATURE: Floyd W. Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/99 813/207-0128
Date Daytime Phone #

CR2E037 (11/98)