## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300003547 (7)

THE TRADITIONAL EPISCOPAL CHURCH, INC.

Principal Place of Business 20253 TWIN OAKS ROAD

SIGNATURE:

Mailing Address

20253 TWIN OAKS ROAD SPRING HILL FL 34610-744

## FILED Feb 18 1997 8:00am Secretary of State



(410) 757-1438

SPRING HILL FL	. 34610	SPRING HILL PL 34610-7446	9					
					3. Date Incorporated or Qualified 11/27/1991	3a. Date of La 03/11	st Report /1996	
· '	ace of Business	2a. Mailing Address			4. FEI Number 59-3197879		Applied For	
21		26			28-3 18/0/8		Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	!	City & State	City & State		6. Election Campaign Financing	<b>\$</b> 5.	.00 May Be	
23		28]			Trust Fund Contribution		ded to Fees	
Zip <b>24</b>	Country 25	Zip	Country 30	<i>'</i>	8. This corporation has liability for In Florida Statutes	ntangible tax und Yes 🔀 No	ler s. 199.032,	
E4	9. Name and Address of Curre		<del>30;</del>		10. Name and Address of New Reg		****	
***	77-41-101-111		81	Name		F		
MELLI, R. G.				80 Over Address (O.O. Day Number to Alex Accounts (A)				
20253 TWIN OAKS ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
SPRING HILL FL 34610				<u> </u>				
SENING THEE PE STOLE							<u> </u>	
			84	City		FL 85	Zip Code	
11 Pursuant to	a the provisions of Sections 617.05	02 and 617 1508 Florida Statute	s the abov	e-named	corporation submits this statement for the p	urpose of changin	no its registered	
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was at	uthorized b	the corp	poration's board of directors. I hereby accep	it the appointmen	it as registered	
agent. I ar	n familiar with, and accept the obliq	jations of, Section 617.0503, Flor	rida Statute	<b>S</b> .				
SIGNATURE								
	Signature, typed or printed name of registered as			ent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	TODE IN 12	
12.	OFFICERS AF	ND DIRECTORS  DELETE	13. 1,1 TITLE			Char		
	HARRISON, G.T.	C) becel			T/0	LICA COLOR	igo ricoldon	
NAME			1,2 NAME					
STREET ADDRESS	705 HOLLY DRIVE N.			ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD	I or or	1.4 CITY-	ST-ZIP		GH AS		
TITLE	VPD	☐ DELETE	2.1 TITLE		<b>V/</b> D	X Cha	nge L_ Addition	
NAME	CAPUTO, PETER		2.2 NAME		200 N/A			
STREET ADDRESS	P.O. BOX 380 NA		<b>I</b>	ADDRESS	P.O. BOX 380 N/A			
CITY-ST-ZIP	CROWNSVILLE MA		2.4 GITY-	ST-ZIP	CROWNSVILLE, MD		<b>R.</b>	
TITLE	STD	DELETE	3.1 TITLE	;	S/D	Chai	nge 🔛 Addition	
NAME	ERBELDING, JOHN S.		3.2 NAME		KHIGHT, DAVID	·		
STREET ADDRESS	5550 NW 40TH STREET		3.3 STREE	ADDRESS	1004 YORK LANK			
CITY-ST-ZIP	COCONUT CREEK F		3.4. CITY-	ST-ZIP	ANNAPOLIS, MO	·		
TITLE		☐ DELETE	4.1 TITLE		C/D	☐ Chai	nge 🍱 Addition	
NAME			4. 2 NAME		MELLI, R.C.			
STREET ADDRESS			4.3 STREE	T ADDRESS	20253 TWIN DAKS RD.			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	SPRING HILL FL 34610			
TITLE		DELETE	5.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Chai	nge 🔲 Addition	
NAME			5.2 NAME		· ·			
STREET ADDRESS	•		5.3 STREE	T ADDRESS	]			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADORESS				
CITY-ST-ZIP			6.4 CITY-		<b>\</b>			
14. I do hereb	by certify that the information suppli	ed with this filing does not qualify	y for the exe	emption s	stated in Section 119.07(3)(i), Florida Statute	s. I further certify	that the	
information	n indicated on this annual report or	r supplemental annual report is tru or the receiver or trustee empowe	ue and acc ered to exe	urate and	d that my signature shall have the same lega report as required by Chapter 617, Florida S	I effect as if made	e under oath; tha	