


FILE NOW: FILING FEE IS \$61.25

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**Jan 23 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 # N93000003547 (7)
 1. Corporation Name
THE TRADITIONAL EPISCOPAL CHURCH, INC.



Principal Place of Business 20253 TWIN OAKS ROAD SPRING HILL FL 34610	Mailing Address 20253 TWIN OAKS ROAD SPRING HILL FL 34610
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3. Date Incorporated or Qualified 11/27/1991	
4. FEI Number 59-3197879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Rt. 4 Box 1235 Suite, Apt. #, etc. 22 Highway 19 City & State 23 SOUTH PALATKA, FL Zip 24 32177	2a. Mailing Address 26 Rt 4 Box 1235 Suite, Apt. #, etc. 27 Highway 19 City & State 28 SOUTH PALATKA, FL Zip 29 32177	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent MELLI, R. G. 20253 TWIN OAKS ROAD SPRING HILL FL 34610	10. Name and Address of New Registered Agent 81 Name R. G. MELLI 82 Street Address (P.O. Box Number is Not Acceptable) Rt 4 Box 1235 83 Highway 19 84 City PALATKA FL 85 Zip Code 32177
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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 **R. G. MELLI**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	TD HARRISON, G.T.	<input type="checkbox"/>
NAME	705 HOLLY DRIVE N.	
STREET ADDRESS	ANNAPOLIS MD	
CITY-ST-ZIP		
TITLE	VD CAPUTO, PETER	<input type="checkbox"/>
NAME	P.O. BOX 380 N/A	
STREET ADDRESS	CROWNSVILLE MA	
CITY-ST-ZIP		
TITLE	SD KNIGHT DAVID	<input type="checkbox"/>
NAME	1004 YORK LANE	
STREET ADDRESS	ANNAPOLIS MD	
CITY-ST-ZIP		
TITLE	CD MELLI, R.G.	<input type="checkbox"/>
NAME	20253 TWIN OAKS RD.	
STREET ADDRESS	SPRING HILL FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	CROWNSVILLE MD		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	Rt. 4 Box 1235 Highway 19		
4.4 CITY-ST-ZIP	PALATKA, FL 32177		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 **G. HARRISON** **1/9/98** **(410) 757-1439**

CR2E037 (10/97)