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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90017 011 ****61.25

DOCUMENT # N93000003547

Corporation Name

THE TRADITIONAL EPISCOPAL CHURCH, INC.

Principal Place of Business RT 4 BOX 1235 HWY 19 SOUTH PALATKA FL 32177

2. Principal Place of Business

Mailing Address

RT 4 BOX 1235 HWY 19 SOUTH PALATKA FL 32177

2a. Mailing Address

|--|

3. Date incorporated or Qualifed

21 202	53 Twin Oaks Rd	- 26 - 20253-Twi	in Oak	s Rd = :			
Suite, Ap		Suite, Apt. #, etc.			4. FEI Number	App	lied For
22	•	27			59-3197879	Not	Applicable
City & Sta	ate -	City & State				\$8.75 A	dditional
		28 Spring Hi	:11 12	lorida	5. Certificate of Status Desired	Fee Rec	uired
	ng Hill, Florida Country	Zip Zip	Coun		6. Election Campaign Financing	\$5.00	Anu Do
Zip	´	⊢ , ·		•	Trust Fund Contribution	Added to	•
24 3	34610 25 USA	29 34610	30 11	ISA	10. Name and Address of New Regist		7 000
 _	9. Name and Address of Current	Registered Agent		81 Name	To. Name and Address of feet Regist		
				o i Name		_	
MELLI, R. G.				82 Street Address (P.O. Box Number is Not Acceptable)			
	WIN OAKS ROAD						
	HILL FL 34610		Ţ	83			
SPIRITO	THEE TE STOLO		L.	24 54		85 Zip C	ode
			['	84 City		FL " "	
44 5	AA- 10	and 617 1608 Florida Sta	itutes the ah	ove-named corp	poration submits this statement for the purpo	ose of changing its	egistered
office or	r registered agent of hoth in the State O	it Fionda. Such chande wai	S MUUIUIZOU	DA RIG COIDOLOSIA	on's board of directors. I hereby accept the	appointment as reg	istered
agent. I	am familiar with, and accept the obligati	ons of, Section 617.0503,	Florida Statu	tes.			
SIGNATURE	F					ATE.	
0.0/0/1/0/4	Signature, typed or printed name of registered agent			Agent signature require	ADDITIONS/CHANGES TO OFFICE		2S IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	TD	DELETE	1.1 TET	LE		[_] Change	L Addition
NAME	HARRISON, G.T.		1,2 NA	ME	·	•	
STREET ADDRES	man side (as position to		1.3 STR	REET ADDRESS			
	ANNAPOLIS MD		1.4 CIT	Y-ST-ZIP			
CITY-ST-ZIP	VD	☐ DELETE	2.1 TITU	LE		Change	Addition
		_	2.2 NA	ľ			
NAME	CAPUTO, PETER			REET ADDRESS		المستروحة وراغيت المعد	
STREET ADDRES			2.3 311	TEE! ADDITEDO	- پهر محمديد محمدي د د د		
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CITY-ST-ZIP	CROWNSVILLE MD			TY-ST-ZIP		Change	☐ Addition
CITY-ST-ZIP		☐ DELETE	3.1 TIT	1,E	,	Change	☐ Addition
 _	CROWNSVILLE MD	DELETE		1,E		Change	Addition
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TITLE NAME STREET ADDRES	CROWNSVILLE MD SD KNIGHT DAVID SS 1004 YORK LANE	DELETE	3.1 TITI 3.2 NA/ 3.3 STF	LE ME			
NAME STREET ADDRES CITY+ST-ZIP	CROWNSVILLE MD SD KNIGHT DAVID SS 1004 YORK LANE ANNAPOLIS MD	☐ DELETE	3.1 TITI 3.2 NA/ 3.3 STF 3.4. CIT	LE ME REET ADDRESS TY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	CROWNSVILLE MD SD KNIGHT DAVID SS 1004 YORK LANE ANNAPOLIS MD CD		3.1 TITE 3.2 NA/ 3.3 STF 3.4. CIT	LE ME REET ADDRESS TY-ST-ZIP LE			
TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	CROWNSVILLE MD SD KNIGHT DAVID SS 1004 YORK LANE ANNAPOLIS MD CD MELLI, R.G.		3.1 TITT 3.2 NA/ 3.3 STF 3.4. CIT 4.1 TITT 4.2 NA/	LE ME REET ADDRESS TY-ST-ZIP LE			
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4. 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:

GATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

410 757-1438

Daytime Phone #