

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004578 (0)

1. Corporation Name

SOUTHWEST FLORIDA EPISCOPAL CHURCH FOUNDATION, I NC.



Principal Place of Business

Mailing Address

201 FOURTH ST N  
ST PETERSBURG FL 33701

201 FOURTH ST N  
ST PETERSBURG FL 33701

3. Date incorporated or Qualified  
09/16/1994

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
59-3280730

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

City & State  
23

City & State  
28

6. Election Campaign Financing Trust Fund Contribution  
\$5.00 May Be Added to Fees

Zip  
24

Country  
25

Zip  
29

Country  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHATZBERG, GLENN E  
201 FOURTH ST N  
ST PETERSBURG FL 33701

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HARRIS, ROGERS S.	
STREET ADDRESS	3399 MAPLE ST NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HYNSON, NATHANIEL	
STREET ADDRESS	6261 14TH AVE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	STT	<input type="checkbox"/> DELETE
NAME	SCHATZBERG, GLENN E.	
STREET ADDRESS	6924 GREENHILL PLACE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Glenn E. Schatzberg*  
GLENN E. SCHATZBERG

1-18-96 (813) 823-2737  
Date Daytime Phone #

CR2E037 (12/95)