

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 17 1997 8:00am
Secretary of State**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 33701-3205**3. Date Incorporated or Qualified
09/16/19943a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PT
HARRIS, ROGERS S.
3399 MAPLE ST NE
ST PETERSBURG FL 33704**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VT
HYNSON, NATHANIEL
6261 14TH AVE SOUTH
GULFPORT FL 33707**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**STT
SCHATZBERG, GLENN E.
6924 GREENHILL PLACE
TAMPA FL 33617**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**T**
☒ Change ☐ Addition☐ Change ☐ Addition**TT**
☒ Change ☐ Addition**PT**
☐ Change ☒ Addition
**CANNON, JOHN
5410 OSPEY CT
SANIBEL, FL 33957****VT**
☐ Change ☒ Addition
**ALEXANDER, SHIRLEY
5120 RIVERWOOD AVE
SARASOTA, FL 34231****ST**
☐ Change ☒ Addition
**ALLEN, ROBERT C.
467 NASSAU CT.
MARCO ISLAND, FL 33937**

14. I do 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:

GLENN E. SCHATZBERG - TREASURER**1-3-97 (813)823-2737**

Date

Daytime Phone # 0049857

CR2E037 (9/96)