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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-3280730**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 617.1503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  
NAME **HARRIS, ROGERS S.**  
STREET ADDRESS **3399 MAPLE ST NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**  
☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TT  
NAME **SCHATZBERG, GLENN E.**  
STREET ADDRESS **6924 GREENHILL PLACE**  
CITY-ST-ZIP **TAMPA FL 33617**  
☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

PT  
NAME **CANNON, JOHN**  
STREET ADDRESS **5410 OSPREY CT**  
CITY-ST-ZIP **SANIBEL FL 33957**  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

VT  
NAME **ALEXANDER, SHIRLEY**  
STREET ADDRESS **5120 RIVERWOOD AVE**  
CITY-ST-ZIP **SARASOTA FL 34231**  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

ST  
NAME **ALLEN, ROBERT C**  
STREET ADDRESS **467 NASSAU CT**  
CITY-ST-ZIP **MARCO ISLAND FL 33937**  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

**1-6-98**

**813-823-2737**

CR2E037 (10/97)