

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000488 (5)**

1. Corporation Name

ALL SOULS UNITED EPISCOPAL CHURCH OF WEST PASCO COUNTY, INC.



Principal Place of Business

Mailing Address

5310 LUNA VISTA DR
NEW PORT RICHEY FL 34652-1227

5310 LUNA VISTA DR
NEW PORT RICHEY FL 34652-1227

3. Date Incorporated or Qualified
01/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5807 Westlake Drive

26 5807 Westlake Drive

4. FEI Number

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

27 City & State

23 New Port Richey, FL

27 New Port Richey, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

24 34653-4418

25

29 34653-4418

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

LOFTUS, OWEN J JR.
5310 LUNA VISTA DR
NEW PORT RICHEY FL 34652-1227

81 Name **OWEN J. LOFTUS, JR**

82 Street Address (P.O. Box Number is Not Acceptable)
5807 Westlake Drive

83 **New Port Richey, FL 34653-4418**

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

OWEN J. LOFTUS, JR

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

(NOTE: Registered Agent signature required when reinstating)

13 May 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOFTUS, OWEN J JR.	
STREET ADDRESS	5310 LUNA VISTA DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-1227	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOETSCH, JOHN	
STREET ADDRESS	11720 WILD CAT LN	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURTIS, MARY	
STREET ADDRESS	2007 HILLWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 34623-1316	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Voetsch, Jean	
1.3 STREET ADDRESS	11720 Wild Cat Lane	
1.4 CITY-ST-ZIP	New Port Richey, FL 34654	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Simons, Patricia L.	
2.3 STREET ADDRESS	1610 Elizabeth Lane	
2.4 CITY-ST-ZIP	Clearwater, FL 34615-1617	
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:

OWEN J. LOFTUS, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 May 96

DATE

(813) 842-7800

Daytime Phone #

CR2E037 (12/95)