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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000488

1. Corporation Name

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

Principal Place of Business

5807 WESTLAKE DRIVE
NEW PORT RICHEY FL 34653-4418
US

Mailing Address

5807 WESTLAKE DRIVE
NEW PORT RICHEY FL 34653-4418
US



2. Principal Place of Business

21 6936 Amarillo Street

Suite, Apt. #, etc.

2a. Mailing Address

26 6936 Amarillo Street

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/26/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

23 Port Richey, Florida

City & State

28 Port Richey, Fla.

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 34668

25 Pasco

29 34668

30 Pasco

Zip

County

Zip

County

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOFTUS, JR. O
5807 WEST LAKE DRIVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name Max E. Skipper
82 Street Address (P.O. Box Number is Not Acceptable)
6936 Amarillo Street
83
84 City Port Richey FL 85 Zip Code 34668

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 MAX E. Skipper

max e skipper

1-25-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT DELETE
NAME LOFTUS, OWEN J JR.
STREET ADDRESS 5807 WESTLAKE DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D DELETE
NAME TOWER, PAUL
STREET ADDRESS 14540 GLEN ROCK RD
CITY-ST-ZIP SPRING HILL FL 34654

TITLE DV DELETE
NAME RAVEL, MARY JANE
STREET ADDRESS 1300 ENISWOOD PKWY
CITY-ST-ZIP PALM HARBOR FL

TITLE DV DELETE
NAME TOWER, KATHERINE
STREET ADDRESS 14540 GLENROCK RD
CITY-ST-ZIP SPRING HILL FL

TITLE S DELETE
NAME LOFTUS, KATHERINE
STREET ADDRESS 5807 WESTLAKE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT Change Addition
1.2 NAME Skipper, MAX E.
1.3 STREET ADDRESS 6936 Amarillo Street
1.4 CITY-ST-ZIP Port Richey, FL.

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

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

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

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

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

14. 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: Max E. Skipper REGISTERED 1-25-99 727-842-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)