

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N96000005836 (9)**

1. Corporation Name

**ST. JOHN THE EVANGELIST ANGLICAN CATHOLIC CHURCH  
, INCORPORATED**

Principal Place of Business

**2397 CANNOLOT BLVD  
PORT CHARLOTTE FL 33952**

Mailing Address

**2397 CANNOLOT BLVD  
PORT CHARLOTTE FL 33948-3409**3. Date Incorporated or Qualified  
**11/12/1996**

3a. Date of Last Report

2. Principal Place of Business

**21 21293 Wardell Avenue**

2a. Mailing Address

**26 118 Barre Drive, NW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0709465**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

City &amp; State

**23 Port Charlotte, FL**

City &amp; State

**28 Port Charlotte, FL**

Zip

**24 33952**

Country

**25 Charlotte**

Zip

**29 33952**

Country

**30 Charlotte**

9. Name and Address of Current Registered Agent

**HUGGLESTONE, JAMES A  
2397 CANNOLOT BLVD  
PORT CHARLOTTE FL 33952**

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

TITLE **S** ☒ DELETE  
NAME **MCLAUGHLIN, STEPHANIE**  
STREET ADDRESS **1450 MEDITERRANEAN UNIT 1**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**TITLE **T** ☐ DELETE  
NAME **ROBERTS, SUSAN**  
STREET ADDRESS **118 BARRE DR N.W.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
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CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☒ Change ☐ Addition  
1.2 NAME **Elizabeth Johnston**  
1.3 STREET ADDRESS **249 Severin Road**  
1.4 CITY-ST-ZIP **Port Charlotte, FL 33952**2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Matthew A. Giordano**  
2.3 STREET ADDRESS **22478 Blanchard Ave.**  
2.4 CITY-ST-ZIP **Port Charlotte, FL 33952**3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Ethel Whynott**  
3.3 STREET ADDRESS **2098 Harriet St.**  
3.4 CITY-ST-ZIP **Port Charlotte, FL 33952**4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **William Johnston**  
4.3 STREET ADDRESS **249 Severin Road**  
4.4 CITY-ST-ZIP **Port Charlotte, FL 33952**5.1 TITLE **VP** ☐ Change ☒ Addition  
5.2 NAME **James M. Doherty**  
5.3 STREET ADDRESS **19505 Ouesada Ave. #2021**  
5.4 CITY-ST-ZIP **Port Charlotte, FL 33948**6.1 TITLE **P** ☐ Change ☒ Addition  
6.2 NAME **Father George F. Fuchs, III**  
6.3 STREET ADDRESS **21293 Wardell Ave.**  
6.4 CITY-ST-ZIP **Port Charlotte, FL 33952**

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 or changed, or on an attachment with an address.

SIGNATURE:

**Susan J. Roberts**

02/02/97

941/629-2552

Date

Daytime Phone # 0067378

CR2E037 (9/96)