

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90043 049 ****61.25

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1. Corporation Name

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

Principal Place of Business

21293 WARDELL AVE
PORT CHARLOTTE FL 33952
US

Mailing Address

~~118 BARRE DRIVE NW~~ **21293 Wardell Ave.**
PORT CHARLOTTE FL 33952
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **21293 Wardell Ave.**

27 Suite, Apt. #, etc.

28 **Port Charlotte, FL**

29 **33952** 30 **US**

3. Date Incorporated or Qualified

11/12/1996

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

9. Name and Address of Current Registered Agent

**NEUMAN, DOLORES
2411 LINTON LN
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 **JOHNSTON, ELIZABETH**
STREET ADDRESS **249 SEVERIN RD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **T** ☒ DELETE
NAME **ROBERTS, SUSAN**
STREET ADDRESS **118 BARRE DR N.W.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☐ DELETE
NAME **GIORDANO, MATHEW**
STREET ADDRESS **22478 BLANCHARD AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☐ DELETE
NAME **WHYNOTT, ETHEL**
STREET ADDRESS **2098 HARRIET ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☒ DELETE
NAME **JOHNSTON, WILLIAM**
STREET ADDRESS **249 SEVERIN ROAD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VP** ☐ DELETE
NAME **DOHERTY, JAMES M**
STREET ADDRESS **19505 QUESADA AVE., #2021**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Rev. Fr. George F. Ficks, III**
1.3 STREET ADDRESS **21293 Wardell Ave.**
1.4 CITY-ST-ZIP **Port Charlotte, FL 33952**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **Dolores Neumanh**
2.3 STREET ADDRESS **2411 Linton Ln.**
2.4 CITY-ST-ZIP **Port Charlotte, FL 33952**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **SUZANNE STORY**
3.3 STREET ADDRESS **4345 BOEING LANE**
3.4 CITY-ST-ZIP **NORTH PORT, FL 34287**

4.1 TITLE **T/D** ☐ Change ☒ Addition
4.2 NAME **BERNARD M. SCHMITTER**
4.3 STREET ADDRESS **2601 PARISIAN CT.**
4.4 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **LINDA M. HUGGLESTONE**
5.3 STREET ADDRESS **2397 CANNOLAT BLVD.**
5.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

(941) 625-3817

Daytime Phone #

CR2E037 (11/98)