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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90231 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000002189					
1. Corporation Name ST. GEORGE'S ANGLICAN CHURCH, INC.					
Principal Place of Business 212 S AUDOBON AVE TAMPA FL 33609 US			Mailing Address 1821 E 4TH AVE TAMPA FL 33605 US		



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3446750	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		Tampa FL	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		33622	
Country		Country		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOWEN, MARK F 1821 E 4TH AVE TAMPA FL 33605				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 Mark F Bowen (NOTE: Registered Agent signature required when reinstating) DATE 4-24-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE NAME BOWEN, MARK STREET ADDRESS 1821 E 4TH AVE CITY-ST-ZIP TAMPA FL 33605				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE VPD <input type="checkbox"/> DELETE NAME BLACKSTON, JOHN STREET ADDRESS 4800 S WESTSHORE, #320 <u>4410 CYPRIANA PL. #1</u> CITY-ST-ZIP TAMPA FL 33611 <u>Tampa, FL 33615</u>				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME QUAGLIERI, ANTHONY STREET ADDRESS 2000 BAY TO BAY BLVD W CITY-ST-ZIP TAMPA FL 33620				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME AGAR, GRAYDON 3.3 STREET ADDRESS 6802 N. Branch 3.4 CITY-ST-ZIP Tampa, FL 33604			
TITLE <input type="checkbox"/> DELETE NAME ENGLISH, GABRIEL STREET ADDRESS 1821 E 4TH AVE CITY-ST-ZIP TAMPA FL 33605				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME KELLY, MARGARET 4.3 STREET ADDRESS 11016 Brightside Dr. 4.4 CITY-ST-ZIP Tampa, FL 33624			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: Mark F Bowen 4-24-99 813-744-8018
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)