

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005176 (9)**  
1. Corporation Name  
**EPISCOPAL CHURCH OF THE NATIVITY, INC.**



Principal Place of Business <b>265 PORT ST. LUCIE BLVD., STE. 200 PORT ST. LUCIE FL 34964</b>	Mailing Address <b>265 PORT ST. LUCIE BLVD., STE. 200 PORT ST. LUCIE FL 34964</b>
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3. Date Incorporated or Qualified <b>09/02/1997</b>	4. FEI Number <b>65-0785725</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**WOLFE, PAUL D  
2400 S. OCEAN DR. #4113  
FT. PIERCE FL 34949**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLFE, PAUL D</b>	
STREET ADDRESS	<b>2400 S. OCEAN DR., #4113</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34949</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHMIDT, DEBBIE</b>	
STREET ADDRESS	<b>1400 SE VILLAGE GREEN DR.</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34984</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BETCHLEY, BESSIE</b>	
STREET ADDRESS	<b>1657 SW BURLINGTON ST.</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34984</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BETCHLEY, PETER</b>	
STREET ADDRESS	<b>1657 SW BURLINGTON ST.</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34984</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DV DEBORAH BENWAY</b>
2.3 STREET ADDRESS	<b>1425 SE MORROW ST</b>
2.4 CITY-ST-ZIP	<b>PORT ST LUCIE FL 34983</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DS MARJORIE SPENSE</b>
3.3 STREET ADDRESS	<b>356 GRIMALDO TERRACE</b>
3.4 CITY-ST-ZIP	<b>PORT ST LUCIE FL 34984</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DT ED OLMEDA</b>
4.3 STREET ADDRESS	<b>1217 SW CHASE RD</b>
4.4 CITY-ST-ZIP	<b>PORT ST LUCIE FL 34983</b>
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 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, changed, or on an attachment with an address.

SIGNATURE *Paul D Wolfe* **PAUL D WOLFE** 2/2/98 5/1/98 9794

CP2E037 (10/97)