

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90064 005 \*\*\*\*61.25

0083096

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N97000005176**

1. Corporation Name

**EPISCOPAL CHURCH OF THE NATIVITY, INC.**

Principal Place of Business  
 The Church of the Nativity  
 1151 SW Del Rio Boulevard  
 Port St. Lucie FL 34953

Mailing Address  
 The Church of the Nativity  
 1151 SW Del Rio Boulevard  
 Port St. Lucie FL 34953



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/02/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0785725
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing <input type="checkbox"/>
29	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, PAUL D  
~~2400 S. OCEAN DR. #4113 FT. PIERCE FL 34949~~ 1081 S.W. Mockingbird Dr. PORT ST. LUCIE, FL 34986

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, PAUL D	1.2 NAME	
STREET ADDRESS	<del>2400 S. OCEAN DR., #4113</del>	1.3 STREET ADDRESS	1081 S.W. Mockingbird Dr.
CITY-ST-ZIP	<del>FT. PIERCE FL 34949</del>	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENWAY, DEBORAH	2.2 NAME	
STREET ADDRESS	1425 SE MORROW ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, MARJORIE	3.2 NAME	
STREET ADDRESS	356 GRIMALDO TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLMEDA, ED	4.2 NAME	
STREET ADDRESS	1217 SW CHASE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] **SIGNATURE REQUIRED** 2/25/99 561/343-0401  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)