

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State • DIVISION OF CORPORATIONS |
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DOCUMENT # N97000006042 (2)

1. Corporation Name
THE EVANGELICAL EPISCOPAL CHURCH INC.

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| Principal Place of Business 2780 E FOWLER AVE. STE 173 TAMPA FL 33612-6297 | Mailing Address 2780 E FOWLER AVE. STE 173 TAMPA FL 33612-6297 |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**MCGINLEY, THOMAS P
10906 WINGATE DR
TAMPA FL 33624-5232**

| | | |
|---|---|---|
| 3. Date Incorporated or Qualified 10/24/1997 | 4. FEI Number 54-1677198 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 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 | | |

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 NAME STREET ADDRESS CITY-ST-ZIP | ALL THE MOST REVD DR. RUSSELL T. MCCANAHAN 4706 VALENE CIRCLE MEMPHIS, TN 38141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR THE RT. REV THOMAS P. MCGINLEY 10906 WINGATE DRIVE TAMPA, FL 33624-5232 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR THE RT. REV JOHN B. PENNINGTON STAR ROUTE # 2 TEX'S TRAILER COURT #3-A GREEN RIVER, WY 82935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P D THE RIGHT REVEREND THOMAS P. MCGINLEY 10906 WINGATE DRIVE TAMPA, FL 33624-5232 |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | V D THE MOST REVEREND DOCTOR RUSSELL T. MCCANAHAN 4706 VALENE CIRCLE MEMPHIS, TN 38141 |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | V D THE RIGHT REVEREND JOHN B. PENNINGTON STAR ROUTE #2 TEX'S TRAILER COURT #3-A GREEN RIVER, WY 82935 |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | D THE REVEREND DENISE A. MCGINLEY 10906 WINGATE DRIVE TAMPA, FL 33624-5232 |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

CR2E037 (10/97)