

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701806**

(2)

1. Corporation Name

ST ANN'S CHURCH, INC.



Principal Place of Business

204 N. 9TH AVE.
P O BOX 1874
WAUCHULA FL 33873

Mailing Address

204 N. 9TH AVE
P O BOX 1874
WAUCHULA FL 33873

2. Principal Place of Business

2a Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

KAY, HERBERT W
RT 1 BOX 315
WAUCHULA FL 33873

3. Date Incorporated or Qualified
12/17/1960

3a. Date of Last Report
01/23/1995

4. FEI Number
59-1671049

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers 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 of officer or director, or registered agent, or applicant

Signature of Registered Agent, signature required when registering

DATE

12. OFFICERS AND DIRECTORS

- 12.1 TITLE: DELETE
- NAME: **D ROBERTS, JOHN B G JR**
- STREET ADDRESS: **860 OHLINGER RD**
- CITY, ST, ZIP: **BABSON PARK, LF**
- 12.2 TITLE: DELETE
- NAME: **D ARCHAMBAULT, JEANNE**
- STREET ADDRESS: **210 RIVERSIDE DRIVE**
- CITY, ST, ZIP: **WAUCHULA FL**
- 12.3 TITLE: DELETE
- NAME: **SD TAYLOR, CHARLOTTE B.**
- STREET ADDRESS: **RT 2 BOX 228, LOT #3**
- CITY, ST, ZIP: **BOWLING GREEN FL**
- 12.4 TITLE: DELETE
- NAME: **D CONNER, ROBERT J**
- STREET ADDRESS: **RT 1, BOX 302**
- CITY, ST, ZIP: **WAUCHULA FL 33873**
- 12.5 TITLE: DELETE
- NAME: **TD JONES, CHARLES D.**
- STREET ADDRESS: **120 N FIRST AVE.**
- CITY, ST, ZIP: **WAUCHULA FL**
- 12.6 TITLE: DELETE
- NAME: **D PERRINE, BRUCE W**
- STREET ADDRESS: **325 PK DR**
- CITY, ST, ZIP: **WAUCHULA FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)

- 13.1 TITLE: Change Addition
- 13.2 NAME
- 13.3 STREET ADDRESS
- 13.4 CITY, ST, ZIP
- 13.5 TITLE: Change Addition
- 13.6 NAME
- 13.7 STREET ADDRESS
- 13.8 CITY, ST, ZIP
- 13.9 TITLE: Change Addition
- 13.10 NAME
- 13.11 STREET ADDRESS
- 13.12 CITY, ST, ZIP
- 13.13 TITLE: Change Addition
- 13.14 NAME
- 13.15 STREET ADDRESS
- 13.16 CITY, ST, ZIP

SD JAMES, BONNIE
1411 W. MAIN ST.
WAUCHULA, FLORIDA 33873

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 the person on an attachment with an address.

SIGNATURE:

Charles D Jones
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES D JONES
TREASURER

1-18-96

941 7736490

Date

Daytime Phone #

CR2E037 (12/95)