


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90027 020 ****61.25

DOCUMENT # 701806
 1. Entity Name
ST ANN'S CHURCH, INC.



Principal Place of Business Mailing Address
 204 N. 9TH AVE. 204 N. 9TH AVE.
 P O BOX 1874 P O BOX 1874
 WAUCHULA FL 33873 WAUCHULA FL 33873

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

20012082



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1671049 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAY, HERBERT W
642 VANDOLLA ROAD
WAUCHULA FL 33873

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JOHN B G JR	
STREET ADDRESS	860 OHLINGER RD	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHAMBAULT, JEANNE	
STREET ADDRESS	349 PETTICOAT JUNCTION	
CITY-ST-ZIP	VALRICO FL 33954	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAMES, BONNIE	
STREET ADDRESS	5292 SWEETWATER RD.	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PERRINE, JEANETTE	
STREET ADDRESS	1031 BRIARWOOD DR.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	MRSCZKA, C.J.	
STREET ADDRESS	205 S. 7TH AVE.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRINE, BRUCE W	
STREET ADDRESS	1031 BRIARWOOD DR.	
CITY-ST-ZIP	WAUCHULA FL 33873	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie K. Valdez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	642 Vandolah Road	
CITY-ST-ZIP	Wauchula, Florida 33873	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John B. G. Roberts, Jr. John B. G. Roberts, Jr. 12-Feb-05 (813) 713-6418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #