


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90054 032 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # 701806 | |  | |
| 1. Entity 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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/05)

| | | | |
|---|--|---|--|
| 4. FEI Number 59-1671049 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| Name KAY, HERBERT W | | Name CONNOR, ROBERT J. (Agent & Director) | |
| Street Address 642 VANDOLLA ROAD | | Street Address (P.O. Box Number is Not Acceptable) 2895 SCHONTAG ROAD | |
| City WAUCHULA | | City WAUCHULA | |
| State FL | | State FL | |
| Zip Code 33873-8460 | | Zip Code 33873-8460 | |

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 *Robert J. Connor* **ROBERT J. CONNOR** DATE 1/26/2006

Signature, typed or printed name of registered agent and title if applicable. (Printed registered Agent signature required when reinstating)

| | | |
|--|---|--|
| FILE NOW. FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|------------------------|--|---|---------------------|--|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, JOHN B G JR | | NAME | | |
| STREET ADDRESS | 860 OHLINGER RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | BABSON PARK FL 33827 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARCHAMBAULT, JEANNE | | NAME | | |
| STREET ADDRESS | 349 PETTICOAT JUNCTION | | STREET ADDRESS | | |
| CITY-ST-ZIP | VALRICO FL 33954 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES, BONNIE | | NAME | | |
| STREET ADDRESS | 5292 SWEETWATER RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ZOLFO SPRINGS FL 33890 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALDEZ, STEPHANIE K | | NAME | TILLMAN, DAVID | |
| STREET ADDRESS | 642 VANDOLAH ROAD | | STREET ADDRESS | 510 N. 8th AVENUE | |
| CITY-ST-ZIP | WAUCHULA FL 33873 | | CITY-ST-ZIP | WAUCHULA, FL. 33873 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MRSCZKA, C.J. | | NAME | | |
| STREET ADDRESS | 205 S. 7TH AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | WAUCHULA FL 33873 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRINE, BRUCE W | | NAME | | |
| STREET ADDRESS | 1031 BRIARWOOD DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | WAUCHULA FL 33873 | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*