


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 021 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suits, Apt. #, etc. | | 03082008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-1671049 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Applied For | | Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CONNER, ROBERT AGENT & DIRECTOR 2895 SCHONTAC RD WAUCHULA, FL 33873 | | | 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 reconstituting) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCCONNELL, JAMES | | NAME | 2916 Palm Drive | |
| STREET ADDRESS | 311 PARK DRIVE | | STREET ADDRESS | PUNTA GORDA, FL. 33850 | |
| 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 | CONNER, R.J. | | NAME | | |
| STREET ADDRESS | 2895 SCHONTAS ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WAUCHULA, FL 33873 | | 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 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COLMAN, VICKY | | NAME | DEBBIE GARIBER | |
| STREET ADDRESS | 712 W. OAK LANE | | STREET ADDRESS | P.O. Box 1877 (489 E. Shockley Road) | |
| CITY-ST-ZIP | AVON PARK, FL 33825 | | CITY-ST-ZIP | AVON PARK FL 33825 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MROCZKA, MIKEE | | NAME | | |
| STREET ADDRESS | 1247 PAINTER RD | | 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 Chapter 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: <i>Jama B. M. Connell</i> | | | Date: 3/9/08 863-368-1465 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |