


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90080 024 ****61.25

DOCUMENT # 701806

1. Entity Name
ST ANN'S CHURCH, INC.



Principal Place of Business Mailing Address

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

**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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KAY, HERBERT W
642 VANDOLLA ROAD
WAUCHULA FL 33873**

4. FEI Number **59-1671049**

Applied For
 Not Applicable

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 *Herbert W Kay* DATE 1/5/2003

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

FILE NOW: FEE IS \$61.25

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, LF	
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	1411 W MAIN STREET	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONNER, ROBERT J	
STREET ADDRESS	2895 SCHONTAG ROAD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MRSCZKA, C.J.	
STREET ADDRESS	205 S. 7TH AVE.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRINE, BRUCE W	
STREET ADDRESS	325 PK DR	
CITY-ST-ZIP	WAUCHULA FL	

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	
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: *Herbert W Kay* DATE 1/5/2003 **863-773-2309**

CR2E037 (10/02)