2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State
05-19-2006 90025 049 ****61.25

DOCUMENT # 745689

1. Entity Name
ANGLICAN CHURCH OF THE INCARNATION, INC.

Principal Place of Business	Mailing Address
1515 EDGEWATER DRIVE ORLANDO, FL 32804	1515 EDGEWATER DRIVE ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

05072006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1881287
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, W. RILEY
2600 MAITLAND CENTER PARKWAY
STE 162
MAITLAND, FL 32751

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

Filing Fee is $61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMPESE, LOUIS
STREET ADDRESS	2341 MARKINGHAM ROAD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	T
NAME	HANSEN, CARLA M.
STREET ADDRESS	1105 BRIELLE COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VP
NAME	ALLEN, RILEY
STREET ADDRESS	2600 MAITLAND CENTER PARKWAY, STE 162
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	GERVAIS, RODNEY
STREET ADDRESS	825 GRAND REGENCY POINTE #202
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	S
NAME	MCGREW, CHARLES
STREET ADDRESS	480 TIMBER RIDGE DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carla M. Hansen Carla M. Hansen 5-1-06 (407) 843-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #