

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758284

1. Entity Name

CHURCH OF THE ANNUNCIATION, INC.

Principal Place of Business

4408 GULF DRIVE
HOLMES BCH FL 34217

Mailing Address

P.O. BOX 978
ANNA MARIA FL 34216-0978

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2346886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLASS, ANNE SCHEFFLER
2801 RIVERVIEW BLVD WEST
BRADENTON FL 34205

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME YOUNG, DOLLY
STREET ADDRESS 8 PALM HARBOR DRIVE
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HAILE, JOHN
STREET ADDRESS 2809 20TH AVE WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LA BREE, MICHAEL
STREET ADDRESS 5212 CORAL BLVD
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LONG, CHARLOTTE
STREET ADDRESS 6500 FLOTILLA DR #103
CITY-ST-ZIP HOLMES BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PETTUS, ROBERT
STREET ADDRESS 4204 MARINA CT
CITY-ST-ZIP CORTEZ FL 34215

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWNELL, MARY
STREET ADDRESS 5400 GULF DR #22
CITY-ST-ZIP HOLMES BEACH FL

TITLE ☐ Change ☐ 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:

Charlotte Long REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte Long 4/27/2000 (941) 778-1638

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)