

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 040 ****61.25

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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		
2. Principal Place of Business			3. Mailing Address 4408 Gulf Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Holmes Beach, FL		
Zip	Country	Zip	Country	4. FEI Number 59-2346886	
34217	U.S.A.	34217	U.S.A.	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	
GOODWIN, BEVERLY 2401 88TH STREET COURT N.W. ANNA MARIA, FL 34216				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE	V	<input checked="" type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	PEPKA, RONALD			TITLE	
STREET ADDRESS	5009 44TH STREET WEST			NAME	
CITY-ST-ZIP	BRADENTON, FL 34210			STREET ADDRESS	
				CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		P/D	
NAME	OSTER, JOAN			NAME	
STREET ADDRESS	11335 PERICO ISLE CIR			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete			
NAME	LIND, DONALD			NAME	
STREET ADDRESS	2716 GULF DRIVE			STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL 34217			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		T/D	
NAME	LONG, CHARLOTTE			NAME	
STREET ADDRESS	6500 FLOTILLA DR #103			STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		D	
NAME	COLLINS, CHRIS			NAME	
STREET ADDRESS	103 WILLOW AVE			STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA, FL 34216			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		D	
NAME	VEDDER, BARBARA			NAME	
STREET ADDRESS	216 68TH STREET			STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL 34217			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: <i>Charlotte Long</i>		Charlotte Long		4/27/2005 941-778-1638	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	