

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

5/1

**FILED**  
**Jun 06, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90265 022 \*\*\*\*61.25

**DOCUMENT # N02000005839**

1. Entity Name

**ST. JOHNS ANGLICAN CHURCH, INCORPORATED**



Principal Place of Business  
84 SOUTH ROSCOE BLVD.  
PONTE VEDRA BEACH FL 32004

Mailing Address  
P. O. BOX 672  
PONTE VEDRA BEACH FL 32004

33040010



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

*567 Canal Road*  
Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 3383*  
Suite, Apt. #, etc.

City & State

*Ponte Vedra Beach, FL*

City & State

*Ponte Vedra Beach, FL*

4. FEI Number

*43-19 49242*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

Zip *32082* Country

Country

Zip *32004-3383* Country

Country

6. Name and Address of Current Registered Agent

**GAY, LINDA E**  
587 CANAL ROAD  
PONTE VEDRA BEACH FL 32082

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

*LINDA E GAY*

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

(NOTE: Registered Agent signature required when reinstating)

*04-30-03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KITE-POWELL+, CANON RUFUS B</b>	
STREET ADDRESS	<b>7200 NORTH WICKHAM ROAD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GAY, LINDA E</b>	
STREET ADDRESS	<b>587 CANAL ROAD, P. O. BOX 696</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32004</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STAUB, HAROLD</b>	
STREET ADDRESS	<b>68 TIFTON WAY NORTH</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kite-Powell+, Canon Rufus B</b>	
STREET ADDRESS	<b>7200 North Wickham Road</b>	
CITY-ST-ZIP	<b>Melbourne FL 32940</b>	
TITLE	<b>P.O. Box 696</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAY, Linda E</b>	
STREET ADDRESS	<b>567 Canal Rd, P.O. Box 696</b>	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32004</b>	
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		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: *[Signature]* **REQUIRED**

*04-30-03*

*904285-4699*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #