


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90071 044 \*\*\*\*61.25

**DOCUMENT # N12202**  
 1. Entity Name  
**THE ANGLICAN CHURCH OF THE ADVENT, INC.**



Principal Place of Business  
 2128 N HWY 1  
 FT PIERCE FL 34950  
 US

Mailing Address  
 P.O. BOX 926  
 VERO BEACH FL 32961-0926



2. Principal Place of Business  
**1122 NINTH SQUARE**  
 Suite, Apt. #, etc.  
~~VERO BEACH~~

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State  
**VERO BEACH, FL**

City & State

Zip  
**32960**

Country  
**INDIAN RIVER**

4. FEI Number  
**59-2538252**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HURT, W C REV**  
**1122 NINTH SQUARE**  
**VERO BEACH FL 32960**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**Due By May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TT</b> <b>WILLIAMS, R G</b> <b>3251 SE BREEMAR WAY</b> <b>PORT SAINT LUCIE FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWT</b> <b>KHAIL, VERNON</b> <b>196 16TH AVE</b> <b>VERO BEACH FL 32962</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HURT, WILLIAM C</b> <b>1122 NINTH SQUARE</b> <b>VERO BEACH FL 32960-4578</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT WILLIE BURNAM</b> <b>P.O. BOX 1750</b> <b>VERO BEACH FL 32960</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWT HARRIET N. YEMM</b> <b>356 LIVE OAK DRIVE</b> <b>VERO BEACH FL 32963</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>PD</b> <b>HURT, WILLIAM C</b> <b>1122 NINTH SQUARE</b> <b>VERO BEACH FL 32960-4578</b></del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: The Rev. M.C. Hurt 2-6-06 772-778-2456