FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703326 (9)

1. Corporation Name
CHURCH OF ST ANSELM INC

300001464843
-04/26/95--01020--014
*****68.75 *****68.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
JOEL BOULEVARD & 6TH STREET EAST LEHIGH ACRES FL 33936	JOEL BOULEVARD & 6TH STREET EAST LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified: 12/13/1961
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-1741814 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOING, ROBERT B REV 220 S. MAPLE AVENUE LEHIGH ACRES, FL 33936	81 Name: Johnston, Hewitt V. Rev. 82 Street Address (P.O. Box Number is Not Acceptable): 388 Leighton Court 83 84 City: Lehigh Acres FL 85 Zip Code: 33936

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Hewitt V Johnston — 4-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☒ Change ☐ Addition S.
NAME	LEDBETTER, LAVONNE F.	12 NAME	
STREET ADDRESS	4510 KEW COURT	13 STREET ADDRESS	Poling, Rosemary
CITY-ST-ZIP	LABELLE FL	14 CITY-ST-ZIP	506 Glendale Ave, Lehigh Acres Fl
TITLE	PD	21 TITLE	☒ Change ☐ Addition PD
NAME	DOING, ROBERT B REV	22 NAME	Johnston Hewitt V. Rev
STREET ADDRESS	220 MAPLE AVE S.	23 STREET ADDRESS	388 Leighton ~~Conflict~~ Court
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	24 CITY-ST-ZIP	Lehigh Acres, Fl, 33936
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WELKER, GWEN	32 NAME	
STREET ADDRESS	1612 RIDGECREST ST.	33 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WARD, BENJAMIN W.	42 NAME	
STREET ADDRESS	1423 ARCHER STREET	43 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition D X
NAME	HARRIOTT, ARTHUR	52 NAME	
STREET ADDRESS	1124 RUSHMORE AVE. SO.	53 STREET ADDRESS	CHance, William
CITY-ST-ZIP	LEHIGH ACRES FL	54 CITY-ST-ZIP	1623 Country Club Pkwy.
TITLE		61 TITLE	~~Lehigh Acres Fla. 33936~~ ☐ Change ☐ Addition
NAME		62 NAME	555
STREET ADDRESS		63 STREET ADDRESS	4/20/95
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benjamin W. Ward — 4/3/95 — 813-369-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BENJAMIN W. WARD, TREASURER

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