


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745689** (0)  
1. Corporation Name  
**ANGLICAN CHURCH OF THE INCARNATION, INC.**

Principal Place of Business <b>1515 EDGEWATER DRIVE ORLANDO FL 32804</b>	Mailing Address <b>1515 EDGEWATER DRIVE ORLANDO FL 32804</b>
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3. Date Incorporated or Qualified <b>01/24/1979</b>	
4. FEI Number <b>59-1881287</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, W. RILEY  
228 ANNIE STREET  
ORLANDO FL 32806**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPESE, LOUIS	1.2 NAME	
STREET ADDRESS	2341 MARKINGHAM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWING, WILLIAM	2.2 NAME	
STREET ADDRESS	1745 REPPARD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, ALLEN W	3.2 NAME	
STREET ADDRESS	228 ANNIE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, CARLA M.	4.2 NAME	
STREET ADDRESS	1105 BRIELLE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gay, Diane
STREET ADDRESS		5.3 STREET ADDRESS	8601 Veridian Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Hutchinson, Kenneth
STREET ADDRESS		6.3 STREET ADDRESS	1000 Bahama Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32806

14. 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 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: Carla M. Hansen REQUIRED

2-1-98

407-843-2886

CR2E037 (10/97)