

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745689

1. Entity Name

ANGLICAN CHURCH OF THE INCARNATION, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90095 024 ****61.25

Principal Place of Business

Mailing Address

1515 EDGEWATER DRIVE
ORLANDO FL 32804

1515 EDGEWATER DRIVE
ORLANDO FL 32804-5818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1881287

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, W. RILEY
228 ANNIE STREET
ORLANDO FL 32806

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CAMPESE, LOUIS
STREET ADDRESS 2341 MARKINGHAM ROAD
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME HANSEN, CARLA M.
STREET ADDRESS 1105 BRIELLE COURT
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME TIRALOSI, TIM
STREET ADDRESS 296 LAKEPARK TRAIL
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

TITLE VP
NAME W. Riley Allen
STREET ADDRESS 228 Annie Street
CITY-ST-ZIP Orlando, FL 32806 ☐ Change ☒ Addition

TITLE D
NAME MCCARTHY, THOMAS C
STREET ADDRESS 304 MARJORIE BLVD.
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE D
NAME Ernest Royal
STREET ADDRESS P.O. Box 770192
CITY-ST-ZIP Winter Garden, FL 34117 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Carla M. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000

Date

407-843-2886

Daytime Phone #

CR2E037 (9/99)