

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745689

1. Entity Name

ANGLICAN CHURCH OF THE INCARNATION, INC.

Principal Place of Business

1515 EDGEWATER DRIVE  
ORLANDO FL 32804

Mailing Address

1515 EDGEWATER DRIVE  
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1881287

Applied For

Not Applicable

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

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

TITLE T ☐ Delete  
NAME HANSEN, CARLA M.  
STREET ADDRESS 1105 BRIELLE COURT  
CITY-ST-ZIP OVIEDO FL 32785

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

TITLE VP ☒ Delete  
NAME ALLEN, RILEY  
STREET ADDRESS 228 ANNIE ST  
CITY-ST-ZIP ORLANDO FL 32806

TITLE VP ☐ Change ☒ Addition  
NAME WILKENS, J. TRACY  
STREET ADDRESS 900 GOLFVIEW STREET  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE D ☒ Delete  
NAME ROYAL, ERNEST  
STREET ADDRESS P O BOX 770192  
CITY-ST-ZIP WINTER GARDEN FL 34777

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME HERNANDEZ, Ann  
STREET ADDRESS 1203 Wolverine Trail  
CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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* REQUIRED Carla M. Hansen

1-20-2002

407-843-2886

CR2E037 (9/01)