


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90025 049 ****61.25

DOCUMENT # 745689 1. Entity Name ANGLICAN CHURCH OF THE INCARNATION, INC.	
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Principal Place of Business 1515 EDGEWATER DRIVE ORLANDO, FL 32804	Mailing Address 1515 EDGEWATER DRIVE ORLANDO, FL 32804
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05072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1881287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALLEN, W. RILEY 2600 MAITLAND CENTER PARKWAY STE 162 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPESE, LOUIS 2341 MARKINGHAM ROAD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSEN, CARLA M. 1105 BRIELLE COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, RILEY 2600 MAITLAND CENTER PARKWAY, STE 162 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERVAIS, RODNEY 825 GRAND REGENCY POINTE #202 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGREW, CHARLES 480 TIMBER RIDGE DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Carla M. Hansen Carla M. Hansen 5-1-06 (407) 843-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #