


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701806 (2)					
1. Corporation Name ST ANN'S CHURCH, INC.					
Principal Place of Business 204 N. 9TH AVE. P O BOX 1874 WAUCHULA FL 33873			Mailing Address 204 N. 9TH AVE. P O BOX 1874 WAUCHULA FL 33873		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 12/17/1960	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1671049	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		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	
KAY, HERBERT W RT-BOX-645 642 VANDOLAH ROAD WAUCHULA FL 33873				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	ROBERTS, JOHN B G JR				
STREET ADDRESS	860 OHLINGER RD				
CITY - ST - ZIP	BABSON PARK, LF				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ARCHAMBAULT, JEANNE				
STREET ADDRESS	210 RIVERSIDE DRIVE				
CITY - ST - ZIP	WAUCHULA FL				
TITLE	SD <input type="checkbox"/> DELETE				
NAME	JAMES, BONNIE				
STREET ADDRESS	1411 W MAIN STREET				
CITY - ST - ZIP	WAUCHULA FL				
TITLE	T <input type="checkbox"/> DELETE				
NAME	CONNER, ROBERT J				
STREET ADDRESS	RT-1, BOX-302 2895 Schontag Road				
CITY - ST - ZIP	WAUCHULA FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MRSCZKA, C.J.				
STREET ADDRESS	205 S. 7TH AVE.				
CITY - ST - ZIP	WAUCHULA FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	PERRINE, BRUCE W				
STREET ADDRESS	325 PK DR				
CITY - ST - ZIP	WAUCHULA FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

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: John B. G. Roberts Jr. JOHN B. G. ROBERTS JR. 6 JAN 1998 (941) 773-6418

CR2E037 (10/97)