

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90032 011 *****61.25

DOCUMENT # 701806

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/17/1960

4. FEI Number

59-1671049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KAY, HERBERT W
642 VANDOLLA ROAD
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROBERTS, JOHN B G JR
STREET ADDRESS 860 OHLINGER RD
CITY-ST-ZIP BABSON PARK, LF

TITLE ☐ DELETE

NAME ARCHAMBAULT, JEANNE
STREET ADDRESS 210 RIVERSIDE DRIVE
CITY-ST-ZIP WAUCHULA FL

TITLE ☐ DELETE

NAME JAMES, BONNIE
STREET ADDRESS 1411 W MAIN STREET
CITY-ST-ZIP WAUCHULA FL

TITLE ☐ DELETE

NAME CONNER, ROBERT J
STREET ADDRESS 2895 SCHONTAG ROAD
CITY-ST-ZIP WAUCHULA FL

TITLE ☐ DELETE

NAME MRSCZKA, C.J.
STREET ADDRESS 205 S. 7TH AVE.
CITY-ST-ZIP WAUCHULA FL

TITLE ☐ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JAN 1999

Date

(941) 773-6418

Daytime Phone #

CR2E037 (11/98)