

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701806

1. Entity Name

ST ANN'S CHURCH, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90188 026 ****61.25

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 33873-1874

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1671049

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

KAY, HERBERT W
642 VANDOLLA ROAD
WAUCHULA FL 33873

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	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 checked="" 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	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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHAMBAULT, JEANNIE	
STREET ADDRESS	349 PETTICOAT JUNCTION	
CITY-ST-ZIP	VALRICO, FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2000 863-7736934

CR2E037 (9/99)