

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90347 001 \*\*\*\*61.25  
 05-27-2005 90347 002 \*\*\*\*\*8.75

**66019815**



04292005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 703326</b>					
1. Entity Name CHURCH OF ST. ANSELM, INC.					
Principal Place of Business 2201 6TH STREET EAST LEHIGH ACRES, FL 33972			Mailing Address 2201 6TH STREET EAST LEHIGH ACRES, FL 33972		
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 59-1741814	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>CLARKE, PERLYN</del> 220 FITCH AVE LEHIGH ACRES, FL 33972			Name <u>BIENVENIDO F. GIBBS</u> Street Address (P.O. Box Number is Not Acceptable) <u>112 COLUMBUS AVE.</u> City <u>LEHIGH ACRES</u> FL Zip Code <u>33972-5544</u>		
B. 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			BIENVENIDO F. GIBBS (P) 5/24/05 DATE		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDY, PATRICIA		NAME	NARDA LEE	
STREET ADDRESS	16 RICHMOND AVE. NORTH		STREET ADDRESS	212 WELLINGTON AVE.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLYN, CLARKE		NAME	BIENVENIDO F. GIBBS	
STREET ADDRESS	220 FITCH AVE		STREET ADDRESS	112 COLUMBUS AVE.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP	LEHIGH ACRES, FL 33972-5544	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARY		NAME		
STREET ADDRESS	817 MAPLE AVE NO.		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, EUSTACE		NAME		
STREET ADDRESS	113 RICHMOND AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			BIENVENIDO F. GIBBS (P) 5/24/05 (239) 369-9712 Date Daytime Phone #		