


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90441 008 \*\*\*\*70.00

<b>DOCUMENT # 703326</b> 1. Entity Name <b>CHURCH OF ST. ANSELM, INC.</b>					
Principal Place of Business <b>2201 6TH STREET EAST LEHIGH ACRES, FL 33972</b>			Mailing Address <b>2201 6TH STREET EAST LEHIGH ACRES, FL 33972</b>		
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 <b>59-1741814</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GIBBS, BIENVENIDO F. 112 COLUMBUS AVE. LEHIGH ACRES, FL 33972</b>				7. Name and Address of New Registered Agent Name <b>CARTER, EUSTACE</b> Street Address (P.O. Box Number is Not Acceptable) <b>113 RICHMOND AVE.</b> City <b>LEHIGH ACRES</b>	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u>EUSTACE CARTER, SENIOR WARDEN</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, NARDA		NAME		
STREET ADDRESS	212 WELLINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIBBS, BIENVENIDO F.		NAME	CARTER, EUSTACE	
STREET ADDRESS	112 COLUMBUS AVE.		STREET ADDRESS	113 RICHMOND AVE.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
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 checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARTER, EUSTACE		NAME	MITCHELL, ERIK	
STREET ADDRESS	113 RICHMOND AVE SOUTH		STREET ADDRESS	310 FITCH AVE.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
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 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: <u>Eustace Carter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>239</u> <u>4-22-06</u>		
			Daytime Phone # <u>369-1916</u>		