

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 725307

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ST. ANNE'S EPISCOPAL CHURCH OF CRYSTAL RIVER, INC.

Current Principal Place of Business:

9870 WEST FORT ISLAND TRAIL
PO BOX 274
CRYSTAL RIVER, FL 326290274

New Principal Place of Business:

Current Mailing Address:

9870 WEST FORT ISLAND TRAIL
PO BOX 274
CRYSTAL RIVER, FL 326290274

New Mailing Address:

FEI Number: 59-1751957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, W. T.
9030 W FORT ISLAND TRAIL
CRYSTAL RIVER, FL 32629

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIFFIN, RUSSELL
Address: 9870 W. FT. ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL

Title: S () Delete
Name: PLATT, SHIRLEY
Address: 5720 N. MOCK ORANGE DR,
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T () Delete
Name: BROWN, DIANA,
Address: JOY POINT
City-St-Zip: HOMOSASSA SPRINGS, FL

Title: VD () Delete
Name: WALKER, HAROLD
Address: 5544 W PINE CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: JW () Delete
Name: PLATT, FRANCIS
Address: 5720 N. MOCK ORANGE DR
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRIFFIN, RUSSELL A
Address: 9870 W. FORT ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL 32629

Title: VD (X) Change () Addition
Name: MARTIN, STEPHEN C
Address: 1125 N. CRESCENT DR.
City-St-Zip: CRYSTAL RIVER,, FL 34429

Title: T (X) Change () Addition
Name: BRADY, WANDA L
Address: 10485 WEST NEW YORK ST.
City-St-Zip: HOMOSASSA, FL 34448

Title: JW (X) Change () Addition
Name: PLATT, FRANCIS
Address: 5720 N. MOCK ORANGE DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S (X) Change () Addition
Name: CORNISH, SARA
Address: P.O. BOX 480
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL A. GRIFFIN

D

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date