

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 725307**

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



Principal Place of Business  
**ST. ANNE'S EPISCOPAL CHURCH  
 9870 W. FORT ISLAND TRAIL  
 CRYSTAL RIVER, FL 34429**

Mailing Address  
**ST. ANNE'S EPISCOPAL CHURCH  
 9870 W. FORT ISLAND TRAIL  
 CRYSTAL RIVER, FL 34429**



07022004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1751957** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

100000164650  
 07/08/04-80017-010 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, RUSSELL A 9870 W. FORT ISLAND TRAIL CRYSTAL RIVER, FL 32629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BRADY, WILLIAM D II 10485 WEST NEW YORK ST. HOMOSSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, HAROLD 1550 WEST PEARSON ST. HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, BARBARA L 596 WEST CHASE STREET HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORNISH, SARA P.O. BOX 480 BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW POLLARD, JOHN 1441 N.W. 20TH AVE. CRYSTAL RIVER, FL 34428

**DO NOT WRITE IN THIS SPACE**

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: *William D. Brady II*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-30-04* *352-795-2176*  
 Date Daytime Phone #