


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90036 003 \*\*\*\*61.25

**DOCUMENT # 725307**

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



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

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

40010310



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-1751957**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
**BAKKER, CHERYL A REV.  
 9870 WEST FORT ISLAND TRAIL  
 CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rev. Cheryl A. Bakker* **Rev. Cheryl A. Bakker** **1-17-08**  
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 May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSAPPLE, KEVIN G REVD. 7208 WEST MILWE LANE CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BAKKER, CHERYL A 7416 W. SEVEN RIVERS DR. CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, VICTOR 596 CHASE ST. HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, BARBARA L 596 WEST CHASE STREET HERNANDO, FL 34442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORNISH, OSB, SARAH ANNA SISTER 6209 NORTH REDFERN TERRACE BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW SCARBROUGH, CHRISTIA 4111 S. ROXBURY TERRACE HOMOSASSA, FL 34446 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kevin Holsapple* **Kevin Holsapple** **1-17-08** **(352) 795-2176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #