

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90050 038 \*\*\*\*61.25

0015698

**DOCUMENT # 725307**

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



Principal Place of Business Mailing Address  
**9870 WEST FORT ISLAND TRAIL** **9870 WEST FORT ISLAND TRAIL**  
~~PO BOX 274~~ ~~PO BOX 274~~  
**CRYSTAL RIVER FL 32629-0274 34429** **CRYSTAL RIVER FL 32629-0274 34429**



2. Principal Place of Business 3. Mailing Address  
~~St. Anne's Episcopal Church~~ ~~St. Anne's Episcopal Church~~  
~~9870 W. Fort Island Trail~~ ~~9870 W. Fort Island Trail~~  
~~Crystal River, FL 34429~~ ~~Crystal River, FL 34429~~

CHECK HERE IF MAKING CHANGES

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 7. Name and Address of New Registered Agent  
**GREEN, W. T.**  
**9030 W FORT ISLAND TRAIL**  
**CRYSTAL RIVER FL 32629**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFIN, RUSSELL A</b> <b>9870 W. FORT ISLAND TRAIL</b> <b>CRYSTAL RIVER FL 32629</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>MD</b> <b>William D. Brady II</b> <b>10485 West New York St.,</b> <b>Homosassa, FL 34448</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MARTIN, STEPHEN C</b> <b>1125 N. CRESCENT DR.</b> <b>CRYSTAL RIVER, FL 34429</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>VD</b> <b>Harold Walker</b> <b>1550 West Pearson St.,</b> <b>Hernando, FL 34442</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRADY, WANDA L</b> <b>10485 WEST NEW YORK ST.</b> <b>HOMOSSASSA FL 34448</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>T</b> <b>Barbara L. Hernandez</b> <b>596 West Chase Street</b> <b>Hernando, FL 34442</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JW</b> <b>PLATT, FRANCIS</b> <b>5720 N. MOCK ORANGE DR.</b> <b>BEVERLY HILLS FL 34465</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>JW</b> <b>John Pollard</b> <b>1441 North West 20th Ave.,</b> <b>Crystal River, FL 34428</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CORNISH, SARA</b> <b>P.O. BOX 480</b> <b>BEVERLY HILLS FL 34465</b>	<input type="checkbox"/> Delete	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"/> Delete	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 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: *Russell A. Griffin, SSC* 07-09-03 352-795-2176  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)