

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90012 042 \*\*\*\*61.25



**DOCUMENT # 728761**

1. Entity Name

SAINT EDWARDS EPISCOPAL CHURCH

Principal Place of Business

460 N GRANDVIEW ST  
MT DORA FL 32757  
US

Mailing Address

PO BOX 455  
MT DORA FL 32756  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-1021915

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

POTTER, DEL G. A  
308 E FIFTH AVENUE  
MOUNT DORA FL 32757

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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	TD	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT	
STREET ADDRESS	2105 NORMANDY DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWALB, ANDREW	
STREET ADDRESS	6537 SINISI DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIXON, DAVID	
STREET ADDRESS	2040 MORNINGSIDE DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANGERMGER, TOM	
STREET ADDRESS	1005 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VOLLAND, WOODLEIGH REV.	
STREET ADDRESS	500 LAKE FOREST CIRCLE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WISE, COOPER	
STREET ADDRESS	2241 ROBERT D. ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kennedy, Charles	
STREET ADDRESS	1111 Avalon Way	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hauser, Alisa	
STREET ADDRESS	1712 Country Terrace Lane	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:

Rev. Woodleigh H. Volland

2/1/04

(352) 383-2832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #