2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 8:00 am Secretary of State 02-25-2005 90150 034 ****70.00

DOCUMENT # 737129 1. Entity Name ALL SAINTS' PROTESTANT EPISCOPAL CHURCH					02-23-2003	9 90130 034	70.00		
333 TARPON DRIVE 333		Mailing Address 333 TARPON DRIVE FT. LAUDERDALE, FL 33	-		40023296				
2. Principal Pl	ace of Business	3. Mailing Address			LUB 1114 IULUI 11818 11818 I				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0201200	5 Chg-NP	CR2E037 (10/03)			
City & State) 	City & State		4. FELNum 59-06	nber 37804	 	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$8.75 A	dditional		
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New				
	000554		Name						
	ORGE FII V RIVER DR E		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
STE 100D FT LAUDE	RDALE, FL 33301			•					
	,		City			FL Zip Co	de		
	named entity submits this statement for	r the purpose of changing its re	egistered office or re	egistered agent, or l	both, in the State of F	lorida. I am familiar with	n, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating)		DATÉ			
	PIU F I- 604 05	9. Election Camp	naion Eiganoina	Φ Γ 00 · ·	_	Make check payable			
			rust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIS		11.			ERS AND DIRECTORS			
TITLE NAME	VSW HERRINGTON, JOYCE	Delete			Senior Wa T. Andr	rden Michange	Addition		
STREET ADDRESS	2296 NW 2 AVE		STREET ADDRESS	Le train or pen					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		1	Pettigrew 10812 Li	me berry	Dr.			
TITLE NAME			CITY-ST-ZIP	• • • •		Dr. 33026			
	VM	Delete	TITLE	LOOper Vestry M	meberry	Dr.	Addition		
STREET ADDRESS	UNGER, KEVIN	Deleta	1.	iogiz Li Cooper Vestry M Karen U	City, FL lember	Dr. 33036 CXChange	Addition		
			TITLE NAME	10812 Li Cooper Vestry M Karen U 9/2 Pone	City, FL lember	Dr. 33026 XChange	Addition		
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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 chapted or on a state the proportion of the corporation of the corporati

CITY-ST-ZIP

WILTON MANORS, FL 33334

CITY-ST-ZIP

SIGNATURE:	Whe att	4. لرو ا	Anette	Thes.	2/20/05	Gry- 65
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF	FICER OR DIRECTOR	1	Date	Day	Irme Phone # 7 577