

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90150 034 ****70.00

40023296



02012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0637804 Applied For Not Applicable

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

DOCUMENT # 737129
1. Entity Name
ALL SAINTS' PROTESTANT EPISCOPAL CHURCH



Principal Place of Business
**333 TARPON DRIVE
FT. LAUDERDALE, FL 33301**

Mailing Address
**333 TARPON DRIVE
FT. LAUDERDALE, FL 33301**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

6. Name and Address of Current Registered Agent
**HESS, GEORGE F II
333 N NEW RIVER DR E
STE 100D
FT LAUDERDALE, FL 33301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	VSW HERRINGTON, JOYCE 2296 NW 2 AVE FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM UNGER, KEVIN 2100 N OCEAN BLVD. APT 126 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARD, LIZ H 2801 NE 51 ST. #18 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM KING, SUSAN 1607 NE 18TH STREET FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VJW MILARK, LINDA 702 NW 8 AVE. DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM LIGAL, TODD 248 NE 30 ST WILTON MANORS, FL 33334	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vestry - Senior Warden Pettigrew J. Andrew 10812 Limeberry Dr. Cooper City, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vestry Member Karen Unger 912 Ponce de Leon Dr. Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer W. Lee Arnette 11531 S. Open Ct. Cooper City, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vestry - Junior Warden Crellin Byrd 2718 N.E. 18th St. Ft Lauderdale, FL 33305	<input checked="" 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: W. Lee Arnette W. Lee Arnette, Treas. 2/20/05 904-655-7577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #