

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739401

FILED
May 05, 2009
Secretary of State

Entity Name: ANGLICAN CHURCH IN AMERICA, INC.

Current Principal Place of Business:

616 EAGLE VALLEY RD
TUXEDO, NY 10987 US

New Principal Place of Business:

2365 NW 162ND LANE
CLIVE, IA 50325 US

Current Mailing Address:

616 EAGLE VALLEY RD
TUXEDO, NY 10987

New Mailing Address:

2365 NW 162ND LANE
CLIVE, IA 50325 US

FEI Number: 59-1772289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPESE, VEN. LOUIS
1515 EDGEWATER DR.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANGBERG, GEORGE D BISHOP
Address: 616 EAGLE VALLEY RD
City-St-Zip: TUXEDO, NY 10987

Title: VPD () Delete
Name: MOYER, DAVID L BISHOP
Address: 19 MONTROSE AVE
City-St-Zip: BRYN MAWR, PA 19010

Title: D () Delete
Name: ELKINS, JIM
Address: P.O. BOX 1736 N/A
City-St-Zip: COLUMBUS, GA 31902

Title: S () Delete
Name: DOWNING, PEG
Address: 107 N CLEARWATER DRIVE
City-St-Zip: HIGHLAND VILLAGE, TX 75077

Title: T () Delete
Name: MONNINGH, CARLOTTA
Address: 70 SEABOLT DR
City-St-Zip: LOCUST GROVE, GA 30248

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FALK, LOUIS W BISHOP
Address: 2365 NW 162ND LANE
City-St-Zip: CLIVE, IA 50325 US

Title: VPD (X) Change () Addition
Name: LANGBERG, GEORGE D BISHOP
Address: 616 EAGLE VALLEY RD
City-St-Zip: TUXEDO, NY 10987 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CREEL, JUDY MRS
Address: 18082 BUSHARD STREET
City-St-Zip: FOUNTAIN VALLEY, CA 92708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS W FALK

PD

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date