2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-10-2006 90309 036 ****61.25

FILED 740724

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 740724

1. Entity Name

ST. ANDREW'S ANGLICAN CATHOLIC CHURCH OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
401 TIMBERLANE ROAD TALLAHASSEE FL 32312	401 TIMBERLANE ROAD TALLAHASSEE FL 32312

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1777398 ☐ 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
BEARD, DOUGLAS A 8545 HEATHCLIFF CT TALLAHASSEE FL 32312	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 _____ 4/2/06
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, 2006

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	D RUPPERT, JEANNE 5001 LAKE FRONT DRIVE, APT. T-6 TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) JAMES STACEONE 191 NE VILLAS CT TALLAHASSEE FL 32303 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROGERS, DONALD V 875 N PENSACOLA ST, UNIT 2 TALLAHASSEE FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN CHARLES CAGLE 2039 MERIDIAN RD #284 TALLAHASSEE FL 32303 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEARD, DOUGLAS A 8545 HEATHCLIFF CT TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURPHY, TIM 1403 STARBRIGE CT TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JW SPARR, JAMES 114 EASTWOOD MONTICELLO FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLERK SPARR JAMES 114 EASTWOOD MONTICELLO FL 32344 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ DOUGLAS A. BEARD 4/23/06 850 906 0765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #