2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# 740724

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

Current Principal Place of Business:

401 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

7
401 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-1777398 **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:

BEARD, DOUGLAS A
8545 HEATHCLIFF CT
TALLAHASSEE, FL 32312 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: D ( ) Delete
Name: STACCONE, JAMES
Address: 191 NE VILLAS CT.
City-St-Zip: TALLAHASSEE, FL 32303

Title: JW ( ) Delete
Name: STACCONE, NELL
Address: 191 NE VILLAS COURT
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: PD ( ) Delete
Name: BEARD, DOUGLAS A
Address: 8545 HEATHCLIFF CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: MURPHY, TIM
Address: 1403 STARBRIGE CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: C ( ) Delete
Name: SPARR, JAMES
Address: 114 EASTWOOD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HORNE, LARRY
Address: 2632 STONEGATE DR.
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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: DOUGLAS A.BEARD PD 07/13/2009
Electronic Signature of Signing Officer or Director — Date