


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # 742267 1. Entity Name ST. MARY'S ANGLICAN CHURCH OF WINTER HAVEN, INC.	
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Principal Place of Business 2200 WINTER LAKE RD W WINTER HAVEN, FL 33880	Mailing Address 2200 WINTER LAKE RD W WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE

03092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1815785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, DAVID P
1107 SUGARTREE DRIVE S.
LAKELAND, FL 33813

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

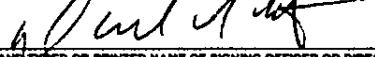
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000871571 04/10/08-00003-002-61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASE, GREGORY 177 BONNIE DRIVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATCHER, CONSTANCE A 4979 LAKELAND HARBOR BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY, DAVID P 1107 SUGARTREE S. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELLER, KAREN 1082 LA COSTA LN AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, REBECCA 2514 COLONY FORD DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLER, BARRY 1082 LA COSTA LANE WINTER HAVEN, FL 33823

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **17 Mar 2008** **863.646.4372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #