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Apr 21, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742490  
1. Corporation Name  
ALL SAINTS ANGLICAN CHURCH, INC.

Principal Place of Business: RT 4, BOX 1235, PALATKA, FL. 32177  
Mailing Address: RT 4, BOX 1235, PALATKA, FL. 32177



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 04/17/1978  
4. FEI Number: 59-1847001 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
GARRIS, EDWARD W. JR.  
200 LINDA LANE  
PALATKA FL 32177

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 264 ROUND LAKE RD  
83 PALATKA  
84 City: FL 85 Zip Code: 32177

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: EDWARD W. GARRIS, JR. (Signature) (NOTE: Registered Agent signature required when reinstating)  
DATE: 11 April 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIS, GREGORY	1.2 NAME	
STREET ADDRESS	RT 3 BOX 2490	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, TRUMBLE	2.2 NAME	
STREET ADDRESS	RT 5 BOX 6882	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, RICHARD L	3.2 NAME	
STREET ADDRESS	RT 1, BOX 183	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCO, BARNEY M	4.2 NAME	
STREET ADDRESS	106 SUNSET STRIP DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL 32840	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARNEY BARCO (Signature) 14 April, 99 (352) 475-1351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)