

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90063 010 ****61.25

DOCUMENT # 742490

1. Entity Name

ALL SAINTS ANGLICAN CHURCH, INC.

Principal Place of Business

**1250 HWY. 19 SOUTH
 PALATKA FL 32177**

Mailing Address

**1250 HWY. 19 SOUTH
 PALATKA FL 32177**

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 **59-1847001**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARRIS, GREGORY
 340 EAST PENIEL RD.
 PALATKA FL 32177**

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.

SIGNATURE _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ Delete
 NAME **TT WOOD, DICK**
 STREET ADDRESS **121 SILVER LAKE DR.**
 CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **ST ELLINGTON, LYNDA**
 STREET ADDRESS **102 PINE LAKE DR.**
 CITY-ST-ZIP **SATSUMA FL 32189**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **TW TRUMBLE, TOM**
 STREET ADDRESS **210 OLD PENIEL RD.**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **RT JACOBS, JOHN R**
 STREET ADDRESS **521 SOUTH 17TH STREET**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **TW GARRIS, GREG**
 STREET ADDRESS **340 EAST PENIEL RD.**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. 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 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: GREGORY S. GARRIS 1/27/02 (386)-329-0939
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)