

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2004  
Secretary of State**

DOCUMENT# 742490

Entity Name: ALL SAINTS ANGLICAN CHURCH, INC.

**Current Principal Place of Business:**

1250 HWY. 19 SOUTH  
PALATKA, FL 32177

**New Principal Place of Business:**

1250 STATE ROAD 19 SOUTH  
PALATKA, FL 32177

**Current Mailing Address:**

1250 HWY. 19 SOUTH  
PALATKA, FL 32177

**New Mailing Address:**

1250 STATE ROAD 19 SOUTH  
PALATKA, FL 32177

FEI Number: 59-1847001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRIS, GREGORY  
340 EAST PENIEL RD.  
PALATKA, FL 32177      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: TT      ( ) Delete  
Name: WOOD, DICK  
Address: 121 SILVER LAKE DR.  
City-St-Zip: INTERLACHEN, FL 32148

Title: ST      ( ) Delete  
Name: ELLINGTON, LYNDA  
Address: 102 PINE LAKE DR.  
City-St-Zip: SATSUMA, FL 32189

Title: TW      ( ) Delete  
Name: TRUMBLE, TOM  
Address: 210 OLD PENIEL RD.  
City-St-Zip: PALATKA, FL 32177

Title: RT      ( ) Delete  
Name: JACOBS, JOHN R  
Address: 521 SOUTH 17TH STREET  
City-St-Zip: PALATKA, FL 32177

Title: TW      ( ) Delete  
Name: GARRIS, GREG  
Address: 340 EAST PENIEL RD.  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN R JACOBS

RT

02/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date