

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742490

FILED
Apr 27, 2008
Secretary of State

Entity Name: ALL SAINTS ANGLICAN CHURCH, INC.

Current Principal Place of Business:

1250 STATE ROAD 19 SOUTH
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 597
PALATKA, FL 32178

New Mailing Address:

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: T () Delete
Name: FADO, MICHELE
Address: 108 LINDA LANE
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: TICKNER, JUDY
Address: 2139 NE 3RD ST.
City-St-Zip: Ocala, FL 34471

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: FUDO, MICHELE
Address: 108 LINDA LANE
City-St-Zip: PALATKA, FL 32177

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

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

Title: TR (X) Change () Addition
Name: JACOBS, JOHN R
Address: 104 LINDA LANE
City-St-Zip: PALATKA, FL 32177

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: MICHELE FUDO

TR

04/27/2008

Electronic Signature of Signing Officer or Director

_____ Date