

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742490

FILED  
May 14, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: FUDO, 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: 104 LINDA LANE  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: MIKELL, JOHN  
Address: 137 TIMBER LANE  
City-St-Zip: PALATKA, FL 32177 US

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 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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

05/14/2009

\_\_\_\_\_ Date