

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742490

FILED  
Jan 16, 2012  
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: PRES  
Name: GARRIS, EDWARD W JR.  
Address: 264 ROUND LAKE RD  
City-St-Zip: PALATKA, FL 32177

Title: SECY  
Name: MIKELL, JOHN L  
Address: 137 TIMBER LANE  
City-St-Zip: PALATKA, FL 32177 US

Title: DIR  
Name: TRUMBLE, TOM  
Address: 210 OLD PENIEL RD.  
City-St-Zip: PALATKA, FL 32177

Title: TREA  
Name: GARRIS, ED. W III  
Address: 603 EMMETT ST.  
City-St-Zip: PALATKA, FL 32177

Title: DIR  
Name: GARRIS, GREG  
Address: 340 EAST PENIEL RD.  
City-St-Zip: PALATKA, FL 32177

Title: DIR  
Name: BROWN, EVELYN  
Address: 23620 NE 135TH PLACE  
City-St-Zip: SALT SPRINGS,, FL 32134

I hereby 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 all other like empowered.

SIGNATURE: JOHN L. MIKELL

SECY

01/16/2012

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

\_\_\_\_\_  
Date