

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90128 021 ****61.25

1002531

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.

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TT	<input type="checkbox"/> Delete
NAME	WOOD, DICK	
STREET ADDRESS	121 SILVER LAKE DR.	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ELLINGTON, LYNDIA	
STREET ADDRESS	102 PINE LAKE DR.	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	TW	<input type="checkbox"/> Delete
NAME	TRUMBLE, TOM	
STREET ADDRESS	210 OLD PENIEL RD.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	RT	<input type="checkbox"/> Delete
NAME	JACOBS, JOHN R	
STREET ADDRESS	521 SOUTH 17TH STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	TW	<input type="checkbox"/> Delete
NAME	GARRIS, GREG	
STREET ADDRESS	340 EAST PENIEL RD.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Wood* **RICHARD D. WOOD** TREAS. 3/3/03 286-684-4641

CR2E037 (10/02)