

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90559 016 ****70.00

DOCUMENT # 744528 1. Entity Name ALL SAINTS' EPISCOPAL CHURCH, INCORPORATED																																																																																																																													
Principal Place of Business 1700 KEYSTONE RD TARPON SPRINGS, FL 34688-7579				Mailing Address 1700 KEYSTONE RD TARPON SPRINGS, FL 34689 US																																																																																																																									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
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6. Name and Address of Current Registered Agent CREAMER, FRANK C REV 1700 KEYSTONE RD TARPON SPRINGS, FL 34689				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 consulting)																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, RANDALL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>887 ROYAL BIRKDALE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARPON SPRINGS, FL 34688</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CREAMER, FRANK C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1700 KEYSTONE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARPON SPRINGS, FL 34689</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>☒ Delete</td> </tr> <tr> <td>NAME</td> <td>SCHOB, DEBORAH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1631 REGAL MIST LOOP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34655</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>KINNEY, ROBERT P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6325 RIDGE TOP DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34655</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DITMORE, GEORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1600 DAVENPORT DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34655</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">SECRETARY</td> <td style="width: 15%;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>SCOTT, JUDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>147 HIGHLAND ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARPON SPRINGS, FL 34689</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	☐ Delete	NAME	JOHNSON, RANDALL		STREET ADDRESS	887 ROYAL BIRKDALE DR		CITY-ST-ZIP	TARPON SPRINGS, FL 34688		TITLE	PD	☐ Delete	NAME	CREAMER, FRANK C		STREET ADDRESS	1700 KEYSTONE RD		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE	S	☒ Delete	NAME	SCHOB, DEBORAH A		STREET ADDRESS	1631 REGAL MIST LOOP		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		TITLE	T	☐ Delete	NAME	KINNEY, ROBERT P		STREET ADDRESS	6325 RIDGE TOP DRIVE		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		TITLE	D	☐ Delete	NAME	DITMORE, GEORGE		STREET ADDRESS	1600 DAVENPORT DR		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	SECRETARY	☐ Change ☒ Addition	NAME	SCOTT, JUDY		STREET ADDRESS	147 HIGHLAND ROAD		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Robert P. Kinney</u> ROBERT P. KINNEY <u>4/29/05</u> <u>727-937-3881</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													