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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745689 (0)
1. Corporation Name
ANGLICAN CHURCH OF THE INCARNATION, INC.



Principal Place of Business Mailing Address
1515 EDGEWATER DRIVE ORLANDO FL 32804 1515 EDGEWATER DRIVE ORLANDO FL 32804-5818

3. Date Incorporated or Qualified 01/24/1979 3a. Date of Last Report 01/26/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1881287 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent ALLEN, W. RILEY 228 ANNIE STREET ORLANDO FL 32806
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAMPESE, LOUIS 2341 MARKINGHAM ROAD MAITLAND, FL 00000	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	S CAMPESE, JEFF 1405 ENTERPRISE/OSTEEN RD DELTONA FL	2.1 TITLE	S Ewing, William
NAME		2.2 NAME	1745 Reppard Road
STREET ADDRESS		2.3 STREET ADDRESS	Orlando, FL 32803
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D GREENHAW, THOMAS D. 1817 JESSICA COURT WINTER PARK FL	3.1 TITLE	D Allen, W. Riley
NAME		3.2 NAME	228 Annie Street
STREET ADDRESS		3.3 STREET ADDRESS	Orlando, FL 32806
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T HANSEN, CARLA M. 1105 BRIELLE COURT OVIEDO FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carla M. Hansen Carla M. Hansen 1-10-97 843-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018503

CR2E037 (9/96)