

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90095 024 \*\*\*\*61.25

**DOCUMENT # 745689**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1881287**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ALLEN, W. RILEY**  
**228 ANNIE STREET**  
**ORLANDO FL 32806**

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.

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 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPESE, LOUIS</b>	
STREET ADDRESS	<b>2341 MARKINGHAM ROAD</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HANSEN, CARLA M.</b>	
STREET ADDRESS	<b>1105 BRIELLE COURT</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TIRALOSI, TIM</b>	
STREET ADDRESS	<b>296 LAKEPARK TRAIL</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCARTHY, THOMAS C</b>	
STREET ADDRESS	<b>304 MARJORIE BLVD.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>W. Riley Allen</b>	
STREET ADDRESS	<b>228 Annie Street</b>	
CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ernest Royal</b>	
STREET ADDRESS	<b>P.O. Box 770192</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34117</b>	
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: *Carla M. Hansen* RECARLA M. Hansen

1-17-2000

407-843-2886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)