

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90216 005 ****61.25

DOCUMENT # 745689

1. Entity Name
ANGLICAN CHURCH OF THE INCARNATION, INC.



Principal Place of Business
**1515 EDGEWATER DRIVE
ORLANDO, FL 32804**

Mailing Address
**1515 EDGEWATER DRIVE
ORLANDO, FL 32804**

40086922



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1881287

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, W. RILEY
2600 MAITLAND CENTER PARKWAY
STE 162
MAITLAND, FL 32751**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD
NAME CAMPESE, LOUIS ☐ Delete
STREET ADDRESS 2341 MARKINGHAM ROAD
CITY-ST-ZIP MAITLAND, FL 32751

TITLE T
NAME HANSEN, CARLA M. ☐ Delete
STREET ADDRESS 1105 BRIELLE COURT
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VP
NAME ALLEN, RILEY ☐ Delete
STREET ADDRESS 2600 MAITLAND CENTER PARKWAY, STE 162
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D
NAME GERVAIS, RODNEY ☐ Delete
STREET ADDRESS 825 GRAND REGENCY POINTE #202
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE S
NAME MCGREW, CHARLES ☒ Delete
STREET ADDRESS 480 TIMBER RIDGE DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME Linda Miller ☐ Change ☒ Addition
STREET ADDRESS 2404 Oak Ave S
CITY-ST-ZIP Sanford, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Carla M. Hansen, Treasurer

4/22/07

(407) 843-2886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #