

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745689

FILED  
Jan 25, 2009  
Secretary of State

**Entity Name:** ANGLICAN CHURCH OF THE INCARNATION, INC.

**Current Principal Place of Business:**

1515 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1515 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-1881287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPESE, LOUIS,  
Address: 2341 MARKINGHAM ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: HANSEN, CARLA M.  
Address: 1105 BRIELLE COURT  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: MCCARTHY, THOMAS  
Address: 2929 LANDO LAKE  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: LEAHY, BRIAN  
Address: 2606 TIMBERLAND DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: S ( ) Delete  
Name: CAMPESE, JEFF  
Address: 1503 SUMMERLAND AVE.  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CAMPESE, LOUIS,  
Address: 1038 W. PEBBLE BEACH CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CAMPBELL, CHRISTIAN  
Address: 500 SOUTH MYRTLE AVE.  
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change ( ) Addition  
Name: PARKER, ERNEST  
Address: 4416 PRAIRIE COURT  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA M. HANSEN

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01/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date