

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90109 029 \*\*\*\*61.25

<b>DOCUMENT # 747005</b> 1. Entity Name <b>ST. ALBAN'S CHURCH, INC.</b>					
Principal Place of Business 3348 W STATE RD 426 OVIEDO, FL 32765			Mailing Address 3348 W STATE RD 426 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2524737</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRUNDORF, REV. WALTER H.</b> <b>230 ROBIN ROAD</b> <b>ALTAMONTE SPRINGS, FL 32701</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>WIELADD, GLEN</b> <b>3809 RAEFORD RD</b> <b>ORLANDO, FL 32806</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>John Petrelli</b> <b>3550 Marston Dr.</b> <b>Orlando, FL 32812</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HARVEY, THOMAS</b> <b>784 ANDOVER CIRCLE</b> <b>WINTER SPRINGS, FL 32708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>Ian Percival</b> <b>2640 Dark Oak Ct.</b> <b>Oviedo, FL 32766</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RHODES, THOMAS</b> <b>581 E LAKE SUE</b> <b>WINTER PARK, FL 32784</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JoEllen McLean</b> <b>1620 Chippewa Trail</b> <b>Maitland, FL 32751</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HODGE, JUDY</b> <b>492 EASTRIDGE DR</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Scott Ryerson</b> <b>720 Bear Creek Circle</b> <b>Winter Springs, FL 32708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>HARTT, JACKI</b> <b>418 NORWOOD COURT</b> <b>OVIEDO, FL 32765</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>David Arnold</b> <b>1664 Eagle Nest Circle</b> <b>Winter Springs, FL 32708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HINES, ERIC</b> <b>1167 GALAHAD DRIVE</b> <b>CASSELBERRY, FL 32707</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Paul Starks</b> <b>210 Arnold Lane</b> <b>Winter Springs, FL 32708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Walter H. Grundorf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/19/07</u> <u>407-657-2376</u> <small>Date      Daytime Phone #</small>		