2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State
02-13-2008 90023 047 ****61.25

DOCUMENT # 747005

1. Entity Name
ST. ALBAN'S CHURCH, INC.

Principal Place of Business	Mailing Address
3348 W STATE RD 426 OVIEDO, FL 32765	3348 W STATE RD 426 OVIEDO, FL 32765

01282008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-2524737 ☐ 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
GRUNDORF, REV. WALTER H. ~~230 ROBIN ROAD~~ ~~ALTAMONTE SPRINGS, FL 32701~~	Name Street Address (P.O. Box Number is Not Acceptable): 3348 W State Rd 426 City: Oviedo FL Zip Code: 32765

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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PETRELLI, JOHN 3550 MARSTEN DR Marston ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rosie Tarr 3035 Dawley Avenue Orlando, FL 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARVEY, THOMAS 784 ANDOVER CIRCLE WINTER SPRINGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scott Ryerson, Sr. 720 Bear Creek Circle Winter Springs, FL 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RHODES, THOMAS 581 E LAKE SUE WINTER PARK, FL 32784	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paul Starks, Jr. 210 Arnold Lane Winter Springs, FL 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGE, JUDY 492 EASTRIDGE DR OVIEDO, FL 32765	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Franklin Harvell 3498 Buffam Place Casselberry, FL 32707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PERCIVAL, IAN 2640 DARK OAK CT OVIEDO, FL 32766	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Andene Morrison 2676 Sugar Pine Run Oviedo, FL 32765	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEAN, JOELLEN 1820 CHIPPEWA TRAIL MAITLAND, FL 32751	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William Hodgson, Jr 893 Copperfield Terrace Casselberry, FL 32707	☐ 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: _____ John Petrelli 2/10/08 407-657-2376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #