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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	CONT.	D	IVISION OF	CORPORAT	IONS						
DOCU 1. Corporatio	MENT # 7	56083		(2)								
ST. PA	NUL'S ANGLICAN (CHURCH, INC).									
										TEL BABIL BABAL BI		DIANI ENAM (DA)
Principal Place	e of Business		Mailing Addr	BQQ								
426 BARRETT			P.O. BOX 3									
PT. CHARLO	TTE FL 33949-0591		PT. CHARLO		949-3591							
US			U\$				3. Date	Innovaniented or Ou	-100 and	Tan Data	*1 aat	
							C	Incorporated or Qu 1/28/1981	aimed	3a. Date 07	of Last /31/1	Report 995
2. Principal Pi	lace of Business		2a. Mailing A	ddress			4. FEI N	lumber 9-2412503		<u></u>	П	Applied For
Suite, Apt.	#, etc.	20	Suite, Ap	t #. etc.	-			7 12500				Not Applicable
2		2	_ `				5. Certif	icate of Status Desi	ired			Additional Required
City & State	е		City & Sta	ate			6. Electi	on Campaign Finar	icing			O May Be
3 Zip	Country	, 21	8 Zip		T Country			Fund Contribution			Adde	d to Fees
4	25	21	¬ ·		Countr	У		corporation has liab a Statutes		angible tax u Yes 🏻 No		199.032,
	9. Name and Addres			nt	1001			e and Address of				
					81	Name				, -		
	I, ROBERT				62	Street /	Address (P.O. Bo	x Number is Not Ac	ceptable)			
	HME TERRACE PORT FL 34287					<u> </u>	-					
NONIE	PUNI FL 34201				83	3						
					84	City	·······			6	5 Zip	Code
					I - 1	' City						
I1. Pursuant t	to the provisions of Section	ons 617.0502 and t	617.1508, Flo	orida Statute	or the phone	named so	ornoration submits	this statement for	the nurno	<u> </u>	na ite n	naistored office
11. Pursuant t or register familiar wit	to the provisions of Section red agent, or both, in the standard accept the obligate	ons 617.0502 and t State of Florida Su ions of, Section 61	617,1508, Flo ich change w 17,0503, Florid	orida Statute as authorizeda Statutes	es, the above	named so	orporation submits board of directors	this statement for thereby accept the	the purpo ne appoint	<u> </u>	ng its re istered	egistered office agent. I am
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SIGNATURE:

BIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR