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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756083** (2)

1. Corporation Name

ST. PAUL'S ANGLICAN CHURCH, INC.



Principal Place of Business	Mailing Address
426 BARRETT ST PT. CHARLOTTE FL 33949-0591 US	P.O. BOX 3591 PT. CHARLOTTE FL 33949-3591 US

3. Date Incorporated or Qualified

01/28/1981

4. FEI Number

59-2412503

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ELLISON, ROBERT
5211 PRIME TERRACE
NORTH PORT FL 34287**

10. Name and Address of New Registered Agent

81 Name **MRS. JOAN WILSON**

82 Street Address (P.O. Box Number is Not Acceptable)
3213 PELLAM BLVD.

83

84 City **PORT CHARLOTTE**

FL

85 Zip Code **33948**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Joan Wilson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, REV BILL	
STREET ADDRESS	3713 PELLAM BLVD	<i>CORRECT NUMBER.</i>
CITY-ST-ZIP	PT. CHARLOTTE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	YORK, RUSSELL H	
STREET ADDRESS	165 SMALL ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELLISON, ROBERT	
STREET ADDRESS	5211 PRIME TERR.	
CITY-ST-ZIP	NORTH PORT FL 34287	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NYE, CATHERINE H	
STREET ADDRESS	1289 KINSINGTON	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NYE, GERTRUDE H.	
STREET ADDRESS	21004 KARNEY AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYDEN, HAROLD R	
STREET ADDRESS	25548 AREQUIPA DR	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3213 PELLAM BLVD	
1.4 CITY-ST-ZIP	SAME	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARGARET LANG	
3.3 STREET ADDRESS	115 SE GRAHAM ST.	
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOAN WILSON	
4.3 STREET ADDRESS	3213 PELLAM BLVD.	
4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33949	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANCIS LAMARRE	
5.3 STREET ADDRESS	3269 PORT CHARLOTTE BLVD.	
5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virginia S. Bissell, Treasurer 4/15/98 1-941-255-3380

CR2E037 (10/97)