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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90061 037 \*\*\*\*61.25

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1. Corporation Name

ST. PAUL'S ANGLICAN CHURCH, INC.

131755 - 90061 - 37

Principal Place of Business  
426 BARRETT ST  
PT. CHARLOTTE FL 33949-0591  
US

Mailing Address  
P.O. BOX 3591  
PT. CHARLOTTE FL 33949-3591  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/28/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2412503	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

WILSON, JOAN M  
3213 PELLAM BLVD  
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WILSON, REV BILL	1.2 NAME	Same
STREET ADDRESS	3213 PELLAM BLVD	1.3 STREET ADDRESS	5601 Duncan Rd #147
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	Punta Gorda FL 33982
TITLE	VD	2.1 TITLE	
NAME	YORK, RUSSELL H	2.2 NAME	
STREET ADDRESS	165 SMALL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LANG, MARGARET	3.2 NAME	
STREET ADDRESS	115 SE GRAHAM ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	WILSON, JOAN	4.2 NAME	
STREET ADDRESS	3213 PELLAM BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LAMARRE, FRANCIS	5.2 NAME	
STREET ADDRESS	3269 PORT CHARLOTTE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HAYDEN, HAROLD R	6.2 NAME	Ellen Lockwood
STREET ADDRESS	25548 AREQUIPA DR	6.3 STREET ADDRESS	129 Spring Lake Blvd
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	Port Charlotte FL 33952

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)