

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**  
 02-22-2000 90011 017 \*\*\*\*61.25

**DOCUMENT # 756083**

1. Entity 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

**80023834**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2412503**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILSON, JOAN M**  
**3213 PELLAM BLVD**  
**PORT CHARLOTTE FL 33948**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD	<input type="checkbox"/> Delete
WILSON, REV BILL	
5601 DUNCAN RD. #147	
PUNTA GORDA FL 33982	
VD	<input type="checkbox"/> Delete
YORK, RUSSELL H	
165 SMALL ST	
PORT CHARLOTTE FL	
D	<input type="checkbox"/> Delete
LANG, MARGARET	
115 SE GRAHAM ST	
PORT CHARLOTTE FL 33952	
VD	<input type="checkbox"/> Delete
WILSON, JOAN	
3213 PELLAM BLVD	
PORT CHARLOTTE FL 33949	
D	<input type="checkbox"/> Delete
LAMARRE, FRANCIS	
3289 PORT CHARLOTTE BLVD	
PORT CHARLOTTE FL 33952	
D	<input type="checkbox"/> Delete
LOCKWOOD, ELLEN	
120 SPRING LAKE BLVD	
PORT CHARLOTTE FL 33952	

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

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 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:

*Revised and RECORDED*

*Filed 2/16/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)