

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90303 018 ****61.25

DOCUMENT # 756083

1. Entity Name

ST. PAUL'S ANGLICAN CHURCH, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2412503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME WILSON, REV BILL
 STREET ADDRESS 5601 DUNCAN RD. #147
 CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE VD ☐ Delete
 NAME HAYDEN, HAROLD R
 STREET ADDRESS 25548 AREQUINPA
 CITY-ST-ZIP PORT CHARLOTTE FL 33983

TITLE D ☐ Delete
 NAME LANG, MARGARET
 STREET ADDRESS 115 SE GRAHAM ST
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VD ☐ Delete
 NAME WILSON, JOAN
 STREET ADDRESS 3213 PELLAM BLVD
 CITY-ST-ZIP PORT CHARLOTTE FL 33949

TITLE D ☐ Delete
 NAME CAVANO, GEORGE
 STREET ADDRESS 22302 NICK ST # 13
 CITY-ST-ZIP PUNTA GORDA FL 33951

TITLE D ☐ Delete
 NAME LOCKWOOD, ELLEN
 STREET ADDRESS 120 SPRING LAKE BLVD
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **Ellison, Robert**
 STREET ADDRESS **5111 Prima Terrace**
 CITY-ST-ZIP **North Port, FL 34286**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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: **Francis E. Lamarre** **2-2-2001 941-6295791**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)