

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756083

1. Entity Name

ST. PAUL'S ANGLICAN CHURCH, INC.

FILED

Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90060 017 \*\*\*\*61.25

0084274

Principal Place of Business

Mailing Address

426 BARRETT ST  
PT. CHARLOTTE FL 33949-0591  
US

P.O. BOX 3561-495567  
PT. CHARLOTTE FL 33949-3561  
US 5567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT CHARLOTTE, FL

PORT CHARLOTTE, FL

Zip

Country

Zip

Country

33949-5567

US

33949-5567

US

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SECRETARY/TREASURER

Name

WILSON, JOAN #147  
3213 PELLAM BLVD  
PORT CHARLOTTE FL 33948  
Punta Gorda, FL 33982

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, REV BILL	
STREET ADDRESS	5601 DUNCAN RD. #147	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAYDEN, HAROLD R	
STREET ADDRESS	25548 AREQUINPA	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANG, MARGARET	
STREET ADDRESS	115 SE GRAHAM ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, JOAN	
STREET ADDRESS	3213 PELLAM BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAVANO, GEORGE	
STREET ADDRESS	22302 NICK ST # 13	
CITY-ST-ZIP	PUNTA GORDA FL 33951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOCKWOOD, ELLEN	
STREET ADDRESS	120 SPRING LAKE BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALCOLM GIGUERE	
STREET ADDRESS	21512 MALLORY AVE.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. Wilson	
STREET ADDRESS	5211 Prima Terrace	
CITY-ST-ZIP	North Port, FL 34286	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Friday	
STREET ADDRESS	14539 Pittinger Ave	
CITY-ST-ZIP	Port Charlotte FL 33953	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY/TREASURER	
STREET ADDRESS	JOAN WILSON	
CITY-ST-ZIP	5601 DUNCAN RD. #147	
	PUNTA GORDA, FL 33982	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell H. Hupke	
STREET ADDRESS	165 Small St	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane P. H. Hupke	
STREET ADDRESS	259 Courtland Blvd apt 105	
CITY-ST-ZIP	San City Center, FL 33573	

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:

JOAN WILSON S/T  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-2002 941-505-1338

CR2E037 (9/01)