

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756083

**FILED**  
**Apr 09, 2004**  
**Secretary of State****Entity Name:** ST. PAUL'S ANGLICAN CHURCH, INC.**Current Principal Place of Business:**436 BARRETT ST.  
PORT CHARLOTTE, FL 33949 US**New Principal Place of Business:**2280 AARON STREET  
ROOM #11  
PORT CHARLOTTE, FL 33949 US**Current Mailing Address:**5601 DUNCAN RD.  
#147  
PUNTA GORDA, FL 33982 US**New Mailing Address:****FEI Number:** 59-2412503      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILSON, JOAN M  
5601 DUNCAN RD., #147  
PUNTA GORDA, FL 33982 US**Name and Address of New Registered Agent:**WILSON, JOAN  
5601 DUNCAN RD., #147  
PUNTA GORDA, FL 33982 US

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: JOAN WILSON

04/09/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD      ( ) Delete  
**Name:** WILSON, REV BILL  
**Address:** 5601 DUNCAN RD. #147  
**City-St-Zip:** PUNTA GORDA, FL 33982**Title:** VD      ( ) Delete  
**Name:** SUHAKA, EILEEN  
**Address:** 2019 LYNX RUN GOLF VILLAS  
**City-St-Zip:** NORTH PORT, FL 34286**Title:** VD      ( ) Delete  
**Name:** ELLISON, ROBERT  
**Address:** 5211 PRIME TERRACE  
**City-St-Zip:** NORTH PORT, FL 34286**Title:** VD      ( ) Delete  
**Name:** WILSON, JOAN  
**Address:** 5601 DUNCAN RD. #147  
**City-St-Zip:** PUNTA GORDA, FL 33982**Title:** VD      ( ) Delete  
**Name:** FRIDAY, BARBARA  
**Address:** 14539 PITTRING W. AVE  
**City-St-Zip:** PORT CHARLOTTE, FL 33953**Title:** VD      ( ) Delete  
**Name:** LAMARRE, FRANCIS  
**Address:** 3269 PORT CHARLOTTE BLVD.  
**City-St-Zip:** PORT CHARLOTTE, FL 33952**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD      (X) Change ( ) Addition  
**Name:** WILSON, REV BILL B  
**Address:** 5601 DUNCAN RD. #147  
**City-St-Zip:** PUNTA GORDA, FL 33982**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VD      (X) Change ( ) Addition  
**Name:** FRIDAY, BARBARA  
**Address:** 14539 PITTINGER AVE.  
**City-St-Zip:** PORT CHARLOTTE, FL 33953**Title:** VD      (X) Change ( ) Addition  
**Name:** MYKING, STEPHEN T  
**Address:** 415 10TH AVENUE S., #8  
**City-St-Zip:** NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. BILL B. WILSON

PD

04/09/2004

Electronic Signature of Signing Officer or Director

Date

LOCKWOOD, RICHARD V  
120 SPRING LAKE BLVD.  
PORT CHARLOTTE, FL 33952