

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756083

FILED
Mar 24, 2005
Secretary of State

Entity Name: ST. PAUL'S ANGLICAN CHURCH, INC.

Current Principal Place of Business:

2280 AARON STREET
ROOM #11
PORT CHARLOTTE, FL 33949 US

New Principal Place of Business:

2280 AARON STREET
PALM ROOM
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
5601 DUNCAN RD., #147
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, REV BILL B
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 PITTENGER AVE.
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VD () Delete
Name: MYKING, STEPHEN T
Address: 415 10TH AVENUE S., #8
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LOCKWOOD, RICHARD
Address: 120 SPRING LAKE BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/24/2005

Electronic Signature of Signing Officer or Director

Date