

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90129 034 ****61.25

DOCUMENT # 756083

1. Entity Name

ST. PAUL'S ANGLICAN CHURCH, INC.



Principal Place of Business

436
400 BARRETT ST
PORT CHARLOTTE 33949-5567
US

Mailing Address

P.O. BOX 495567
PORT CHARLOTTE FL 33949-5567
US

CHANGE OF MAILING ADDRESS

2. Principal Place of Business

436 BARRETT ST.

3. Mailing Address

5601 DUNCAN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

147

City & State

PORT CHARLOTTE, FL

City & State

PUNTA GORDA, FL

Zip

33949

Country

US

Zip

33982

Country

US

6. Name and Address of Current Registered Agent

WILSON, JOAN M
3213 PELLAM BLVD
PORT CHARLOTTE FL 33948

PLEASE SEE. →
FOR CORRECTION.

7. Name and Address of New Registered Agent

Name

WILSON, JOAN

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

5601 DUNCAN RD. #147

PUNTA GORDA

City

PUNTA GORDA

FL

Zip Code

33982

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

☐ Delete

TITLE VD
NAME GIGUERE, MALCOLM
STREET ADDRESS 21512 MALLORY AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☒ Delete

TITLE VD
NAME ELLISON, ROBERT
STREET ADDRESS 5211 PRIME TERRACE
CITY-ST-ZIP NORTH PORT FL 34286

☐ Delete

TITLE VD
NAME WILSON, JOAN
STREET ADDRESS 5601 DUNCAN RD. #147
CITY-ST-ZIP PUNTA GORDA FL 33982

☐ Delete

TITLE VD
NAME FRIDAY, BARBARA
STREET ADDRESS 14539 PITTRING W. AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33953

☐ Delete

TITLE D
NAME YORK, RUSSELL H
STREET ADDRESS 167 SMALL SE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME EILEEN SUHAKA
STREET ADDRESS 3019 LYNX RUN GOLF VILLAS
CITY-ST-ZIP NORTH PORT, FL 34286

☐ Change

☒ Addition

TITLE VD
NAME FRANCIS LAMARRE
STREET ADDRESS 3269 PORT CHARLOTTE BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

CR2E037 (10/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

941-505-1338