

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90056 027 ****61.25

DOCUMENT # 758222
 1. Entity Name
ALL SAINTS CHURCH PARISH INC.



Principal Place of Business: **901A NEW WARRINGTON ROAD PENSACOLA FL 32507 US**
 Mailing Address: **P.O. BOX 4538 PENSACOLA FL 32507 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-2210182**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JAMES, ROBERT D
1071 BONITA DR
PENSACOLA FL 32507

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *[Signature]* **23 MAR 05**
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
Due By May 1, 2005

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	T	<input type="checkbox"/> Delete
NAME	OSTLING, RAYMOND	
STREET ADDRESS	103 EDGEWATER DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, EILEEN	
STREET ADDRESS	P.O. BOX 526	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADOMINSKI, RICHARD	
STREET ADDRESS	307 SE KALASH RD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, ROBERT D	
STREET ADDRESS	1071 BONITA DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANCE, CARROLL E JR	
STREET ADDRESS	5773 HERMITAGE CIRCLE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POPE, JAMES P	
STREET ADDRESS	1021 WONDERWOOD COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAF, AL	
STREET ADDRESS	36 STAR LAKE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEOD MARSHALL	
STREET ADDRESS	4140 STRINGFIELD RD	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, WILLIAM C. JR	
STREET ADDRESS	612 S. 1ST ST #33	
CITY-ST-ZIP	PENSACOLA, FL 32507	

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]* **SENIOR WARDEN** **23 MAR 05 850-463-1422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #