

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90082 042 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

JAMES, ROBERT D  
1071 BONITA DR  
PENSACOLA FL 32507

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

*ASST. TREASURER*

(NOTE: Registered Agent signature required when reinstating)

*JAN 20, 2006*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 type="checkbox"/> Delete
NAME	GRAF, AL	
STREET ADDRESS	36 STAR LAKE DR	
CITY - ST - ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADOMINSKI, RICHARD	
STREET ADDRESS	307 SE KALASH RD	
CITY - ST - ZIP	PENSACOLA FL 32507	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JAMES, ROBERT D	
STREET ADDRESS	1071 BONITA DRIVE	
CITY - ST - ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLEOD, MARSHALL	
STREET ADDRESS	4140 STRINGFIELD RD	
CITY - ST - ZIP	PENSACOLA FL 32503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, WILLIAM C SR	
STREET ADDRESS	612 S 1ST ST, #33	
CITY - ST - ZIP	PENSACOLA FL 32507	

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		<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	WEBSTER, EILEEN	
STREET ADDRESS	P.O. BOX 516	
CITY - ST - ZIP	CANTONMENT FL 32533	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* JAN 20, 2006

850-453-1422