


FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90017 033 ****61.25

DOCUMENT # 758222 1. Entity Name ALL SAINTS CHURCH PARISH INC.		 Apr 03, 2007 8:00 am Secretary of State 04-03-2007 90017 033 ****61.25	
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 LINDA C. KRUEGER Street Address (P.O. Box Number is Not Acceptable) 2109 LANGLEY AVE City PENSACOLA FL Zip Code 32504-8146	
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 <i>Linda C. Krueger</i> DATE <i>March 22, 2007</i> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T OSTLING, RAYMOND 103 EDGEWATER DR PENSACOLA FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GRAF, AL 36 STAR LAKE DR PENSACOLA FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RADOMINSKI, RICHARD 307 SE KALASH RD PENSACOLA FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DONALD T. KONECNY 8015 MALIBU CIR PENSACOLA FL 32514
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEBSTER, EILEEN POB 526 CANTONMENT FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MCLEOD, MARSHALL 4140 STRINGFIELD RD PENSACOLA FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALEX WEBSTER 408 MEGAN DR. PENSACOLA, FL 32533
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WHITE, WILLIAM C SR 612 S 1ST ST, #33 PENSACOLA FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William C WHITE, JR 612 S. 1st ST. # 33 PENSACOLA FL 32507
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: <i>[Signature]</i> DATE: 22 MARCH 2007 (850) 455 7937			