


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 040 ****61.25

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DOCUMENT # 758284			
1. Entity Name CHURCH OF THE ANNUNCIATION, INC.			
Principal Place of Business 4408 GULF DRIVE HOLMES BCH, FL 34217		Mailing Address P.O. BOX 978 ANNA MARIA, FL 34216	
2. Principal Place of Business		3. Mailing Address 4408 Gulf Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Holmes Beach, FL	
Zip	Country	Zip	Country
34217	U.S.A.	34217	U.S.A.
4. FEI Number 59-2346886		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOODWIN, BEVERLY 2401 88TH STREET COURT N.W. ANNA MARIA, FL 34216		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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	V <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEPKA, RONALD	NAME	Robinson, Evan
STREET ADDRESS	5009 44TH STREET WEST	STREET ADDRESS	5806 Gulf Drive, #101S
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	Holmes Beach, FL 34217
TITLE	P <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTER, JOAN	NAME	
STREET ADDRESS	11335 PERICO ISLE CIR	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	LIND, DONALD	NAME	
STREET ADDRESS	2716 GULF DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, CHARLOTTE	NAME	
STREET ADDRESS	6500 FLOTILLA DR #103	STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, CHRIS	NAME	Simmons, Daniel
STREET ADDRESS	103 WILLOW AVE	STREET ADDRESS	104 79th Street
CITY-ST-ZIP	ANNA MARIA, FL 34216	CITY-ST-ZIP	Holmes Beach, FL 34217
TITLE	S <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEDDER, BARBARA	NAME	
STREET ADDRESS	216 68TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	CITY-ST-ZIP	
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: <i>Charlotte Long</i>		Charlotte Long	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		4/27/2005	
		941-778-1638	
		Daytime Phone #	