


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90247 014 ****70.00

DOCUMENT # 758482 1. Entity Name ST. MICHAEL AND ALL ANGELS ANGLICAN CHURCH, INC.					
Principal Place of Business 2746 ST JOHNS AVENUE JACKSONVILLE, FL 32205			Mailing Address 2746 ST JOHNS AVENUE JACKSONVILLE, FL 32205		
2. Principal Place of Business 5041 Lakeshore Dr West			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orange Park FL			City & State		
Zip 32065		Country		Zip Country	
4. FEI Number 59-2857098				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, LAURENCE K 2746 ST JOHNS AVE JACKSONVILLE, FL 32205			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 LK Wells <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 NAME STREET ADDRESS CITY-ST-ZIP	D LAGDON, RETTA <input type="checkbox"/> Delete 7418 ORTEGA HILLS DR JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, HUGH W <input checked="" type="checkbox"/> Delete 6007 WEST SHORES RD ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURBIN, VERA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2767 NAVAJO RD ORANGE PARK FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, LAURENCE K. <input type="checkbox"/> Delete 2746 ST JOHNS AVE JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILICK, JAMES <input type="checkbox"/> Delete 1077 GROVE COVE JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAIN, KAYE <input type="checkbox"/> Delete 771 HARDWOOD ST ORANGE PARK, FL 32065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARY, BRUCE <input checked="" type="checkbox"/> Delete 1849 MACKENZIE CT N MIDDLEBURG, FL 32068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATNAM, BEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5536 JACKSON AVE ORANGE PARK FL 32065	
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: LK Wells <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/10/05 Daytime Phone # 904-398-1031		