


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90022 029 ****70.00

DOCUMENT # 758482 1. Entity Name ST. MICHAEL AND ALL ANGELS ANGLICAN CHURCH, INC.					
Principal Place of Business 5041 LAKESHORE DR WEST ORANGE PARK, FL 32015				Mailing Address 2746 ST JOHNS AVENUE JACKSONVILLE, FL 32205	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5041 Lakeshore Dr West		4. FEI Number 59-2857098	
City & State ORANGE PARK FL		City & State ORANGE PARK FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32003		Country		6. Name and Address of Current Registered Agent WELLS, LAURENCE K 2746 ST JOHNS AVE JACKSONVILLE, FL 32205	
Zip 32003		Country		7. Name and Address of New Registered Agent Name WELLS LAURENCE K Street Address (P.O. Box Number is Not Acceptable) 5041 LAKESHORE DR WEST ORANGE PARK FL 32003	
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 <u>L.R. Wells</u> Jan 19, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 7418 ORTEGA HILLS DR JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, HUGH 1007 WEST SHORES RD ORANGE PARK FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBIN, VERA 2767 NAVAJO RD ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOPER, DAN 2549 HALDEAN'S WAY MIDDLEBURG FL 32069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, LAURENCE K. 2746 ST JOHNS AVE JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORI, CATHY 2552 NAVAJO RD ORANGE PARK FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLICK, JAMES 1077 GROVE COVE JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS, LAURENCE K 2746 ST JOHNS AVE JACKSONVILLE FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAIN, KAYE 771 HARDWOOD ST ORANGE PARK, FL 32065	<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 LATMAN, BEN 5536 JACOBSON AVE ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: LAURENCE K WELLS 1-22-06 904-388-1031 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

904-388-1031