



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90049 038 \*\*\*\*61.25

<b>DOCUMENT # 758482</b> 1. Entity Name <b>ST. MICHAEL AND ALL ANGELS ANGLICAN CHURCH, INC.</b>					
Principal Place of Business <b>5041 LAKESHORE DR WEST ORANGE PARK, FL 32003</b>			Mailing Address <b>5041 LAKESHORE DR. WEST ORANGE PARK, FL 32003</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2857098</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WELLS, LAURENCE K 5041 LAKESHORE DR. WEST ORANGE PARK, FL 32003</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAIN, GARY 3140 TWILIGHT CT MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAGDON, RETTA 7418 ORTEGA HILLS DR JACKSONVILLE FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, HIGH 6007 WEST SHORES RD. ORANGE PARK, FL 32003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input 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	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOOPER, DAN 2549 HALPGRNIS WAY MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2549 HALPERN'S WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JOHNSON, JOYCE 4561 TARRAGON RD MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, LAWRENCE K 1225 CACTUS CUT RD MIDDLEBURG FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KORI, KATHY 2852 NAVAJO RD. ORANGE PARK, FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<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.					
<b>SIGNATURE:</b> <i>L.R. Wells</i> <span style="margin-left: 100px;"><i>L. R. WELLS</i></span> <span style="margin-left: 100px;"><i>24 Jan 08</i></span> <span style="margin-left: 100px;"><i>904-358-1031</i></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

# 40017337  
758482

Attachment to Doc 758482

Additional Directors of St Michael and All Angels Anglican Church

D

BAYHI, SARAH  
1474 St Francis Dr  
Orange Park FL 32073

(Addition)

D

PRINCE, LONNIE  
1428 Green Turtle Ct  
Orange Park FL 32003

(Addition)

D

WOLFERSBERGER, JUDY  
2655 Halpern's Way  
Middleburg FL 32068

(Addition)