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04-01-1999 90029 014 ****61.25

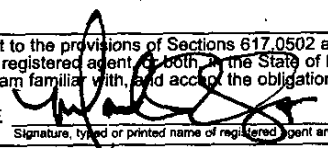
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765447					
1. Corporation Name THE ANGLICAN CATHOLIC CHURCH OF SAINT MARY THE VIRGIN, INC.					
Principal Place of Business 103 W. HENRY AVENUE TAMPA FL 33604			Mailing Address 103 W. HENRY AVENUE TAMPA FL 33604		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/19/1982 4. FEI Number 59-2227029 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent GARDNER, S. TYSON 103 W. HENRY AVENUE TAMPA FL 33604				10. Name and Address of New Registered Agent 81 Name FR. MARK ROWE 82 Street Address (P.O. Box Number is Not Acceptable) 103 W. HENRY AVENUE 83 84 City TAMPA FL 85 Zip Code 33604			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.


SIGNATURE  FR. MARK ROWE PRIEST 3/9/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUFFEL, LORNE	1.2 NAME	JUANITA FRIEDENBERG
STREET ADDRESS	4110 NORTHMEADOW CIRCLE	1.3 STREET ADDRESS	16138 SAGEBRUSH RD
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	BODINE, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODINE, JEFF	2.2 NAME	
STREET ADDRESS	5916 N HIGHLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STODDARD, IRA	3.2 NAME	CROCKER CLEGG
STREET ADDRESS	8839 POI DR	3.3 STREET ADDRESS	750 126TH AVENUE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TREASURE ISLAND FL 33206
TITLE	CPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	CPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, STANLEY TYSON	4.2 NAME	FR. MARK ROWE
STREET ADDRESS	209 W. HENRY AVE.	4.3 STREET ADDRESS	209 W. HENRY AVE
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	TAMPA FL 33604
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	POLLACK, DOUGLAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLOCK, DOUGLAS	5.2 NAME	
STREET ADDRESS	2405 N WILDER LOOP	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOVER, ROBERT E	6.2 NAME	SHAH, NATALIE
STREET ADDRESS	2913 E. CRAWFORD STREET	6.3 STREET ADDRESS	8606 W. FRANKLIN RD
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	PLANT CITY FL 33565

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 FR. MARK ROWE 3/9/99 813 237-0718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 1410A