

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90360 012 \*\*\*\*61.25

DOCUMENT # 765447  
1. Entity Name  
**THE ANGLICAN CATHOLIC CHURCH  
OF SAINT MARY THE VIRGIN**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**103 W. HENRY AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**16138 SAGEBRUSH RD.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

Zip  
**33604** Country  
**USA**

Zip  
**33618** Country  
**USA**

4. FEI Number  
**59-2227029**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**FR. MARK ROWE**

Street Address (P.O. Box Number is Not Acceptable)  
**103 W. HENRY AVE**

City  
**TAMPA** FL Zip Code  
**33604**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CPD FR. MARK ROWE 103 W. HENRY AVE TAMPA FL 33604</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD DOUGLAS POWOLIC 2405 N. WILDER LOOP PLANT CITY, FL 33565</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST JUANITA FRIEDENBERG 16138 SAGEBRUSH RD TAMPA FL 33618</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KUFFEL, LORNE 4110 NORTHMEADOW CIRCLE TAMPA FL 33624</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PATRICIA HUTCHINSON 304 E. HOLLYWOOD ST TAMPA FL 33604</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MARY DAILLY 103 W. HENRY AVE TAMPA FL 33604</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **FR. MARK ROWE, PASTOR** **9/30/02** **(813) 237-0878**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #