2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000450

Entity Name: ALL SAINTS PARISH INC.

FILED Jan 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4244 MARIVER BLVD SPRING HILL, FL 34609 **Current Mailing Address: New Mailing Address:** PO BOX 3247 SPRINGHILL, FL 34611 FEI Number: 59-3620835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEITSCH, EDWARD D 9100 TARLETON CIR WEEKI WACHEE, FL 34613 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEITSCH, EDWARD D Name: Name: Address: 9100 TARLETON CIR Address: City-St-Zip: WEEKI WACHEE, FL 34613 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: ZORN, KURT Name: Address: 353 KLINGER ST. Address: City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition LA VERNE, CAROLAN Name: CAROLAN, LA VERNE Name: 13321 ROREBLAND RD. 13321 ROREBLAND RD. Address: Address: City-St-Zip: SPRING HILL, FL 34610 City-St-Zip: SPRING HILL, FL 34610 Title: TD () Delete Title: TD (X) Change () Addition Name: CARPENTER, DIANE Name: CARPENTER, DIANE Address: 6430 LOSTTACE LANE Address: 6430 LOST TREE LN. City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE CARPENTER TD 01/25/2004