2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90026 045 ****61.25

DOCUMENT # N00000001410

1. Entity Name

ALL SAINTS ANGLICAN CHURCH, GAINESVILLE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 357744 GAINESVILLE FL 32635	P. O. BOX 357744 GAINESVILLE FL 32635

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3623940 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RYON, WILLIAM E III
5105 N.W. 62ND TERRACE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 W. E. Ryon, III 2-10-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P MARSH, ANN 8620453 WN 13TH ST GAINESVILLE FL 32653	☒ Delete	P/S SEXTON, TERRY 563 TURKEY CREEK ALACHUA, FL 32615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RYON, WILLIAM E III 5105 NW 62ND TERR GAINESVILLE FL 32653	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEXTON, TERRT 9223 NW 23RD LN GAINESVILLE FL 32606	☒ Delete	C LEASURE, JOHN E. 13810 NW C.R. 235, Apt #2 ALACHUA, FL 32615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATTLE, WINSTON L 4806 NW 71ST PL GAINESVILLE FL 32653	☒ Delete	D MITCHELL, MARGARET 5538 SW 37th Dr. GAINESVILLE, FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C COCHRAN, JOHN W JR 18104 NW 29TH PL NEWBERRY FL 32669	☒ Delete	D Ling, DAVID C. 4632 NW 57th PLACE GAINESVILLE, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REEVES, LEE ANN 3525 NW 30TH BLVD GAINESVILLE FL 32605	☐ Delete		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. Ryon, III 2-10-05 (352) 375-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #