

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90077 031 ****61.25

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1. Entity Name

ALL SAINTS ANGLICAN CHURCH, GAINESVILLE, INC.



Principal Place of Business

P. O. BOX 357744
GAINESVILLE FL 32635

Mailing Address

P. O. BOX 357744
GAINESVILLE FL 32635

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

7. Name and Address of New Registered Agent

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

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

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, 2006

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

TITLE PS
NAME SEXTON, TERRY ☐ Delete
STREET ADDRESS 563 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL 32615

TITLE T
NAME RYON, WILLIAM E III ☒ Delete
STREET ADDRESS 5105 NW 62ND TERR
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE C
NAME LEASURE, JOHN E ☐ Delete
STREET ADDRESS 13810 NW CR 235, APT # 2
CITY-ST-ZIP ALACHUA FL 32615

TITLE D
NAME MITCHELL, MARGARET ☐ Delete
STREET ADDRESS 5538 SW 37TH DR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D
NAME LING, DAVID C ☐ Delete
STREET ADDRESS 4632 NW 56TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D
NAME REEVES, LEE ANN ☒ Delete
STREET ADDRESS 3525 NW 30TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32605

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME RYON, WILLIAM E, III ☒ Change ☐ Addition
STREET ADDRESS 5105 NW 62 Terr
CITY-ST-ZIP Gainesville, FL 32653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

William E. Ryon, III

WILLIAM E. RYON, III 1-22-06 (352) 315-7181