

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90046 040 ****61.25

DOCUMENT # N00000001410

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

6. 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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PS SEXTON, TERRY 563 TURKEY CREEK ALACHUA FL 32615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYON, WILLIAM E III 5105 NW 62ND TERRACE GAINESVILLE FL 32653	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEASURE, JOHN E 13810 NW CR 235, APT # 2 ALACHUA FL 32615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, MARGARET 5538 SW 37TH DR GAINESVILLE FL 32608	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LING, DAVID C 4632 NW 56TH PLACE GAINESVILLE FL 32606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARJORIE A. CLARKE 5400 NW 39th AVE. X-209 GAINESVILLE, FL 32606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07 352-375-7181

Date

Daytime Phone #