# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2009**
**Secretary of State**

DOCUMENT# N00000001410

**Entity Name:** ALL SAINTS ANGLICAN CHURCH, GAINESVILLE, INC.

**Current Principal Place of Business:**

P. O. BOX 357744
GAINESVILLE, FL 32635

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 357744
GAINESVILLE, FL 32635

**New Mailing Address:**

**FEI Number: 59-3623940** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

RYON, WILLIAM E III
5105 N.W. 62ND TERRACE
GAINESVILLE, FL 32653 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: _____ 01/26/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete
Name: SEXTON, TERRY
Address: 563 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: TD ( ) Delete
Name: RYON, WILLIAM E III
Address: 5105 NW 62ND TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: C ( ) Delete
Name: LEASURE, JOHN E
Address: 13810 NW CR 235, APT # 2
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: CLARKE, MARJORIE A
Address: 5400 NW 39TH AVE. X-209
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: LING, LUCY R
Address: 4632 NW 56TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: P ( ) Delete
Name: SEXTON, CHARLES
Address: 563 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SMITH, HAYWOOD JR.
Address: 3917 NW 31ST PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: C (X) Change ( ) Addition
Name: LEASURE, JOHN E
Address: 17759 NW 237TH WAY
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D (X) Change ( ) Addition
Name: CLARKE, MARJORIE A
Address: 15226 NW 150TH AVE., APT. 1055
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM E. RYON, III T 01/26/2009
Electronic Signature of Signing Officer or Director — Date