2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000001410



ALL SAINTS ANGLICAN CHURCH, GAINESVILLE, INC. Mailing Address Principal Place of Business 1006644 P. O. BOX 357744 P. O. BOX 357744 **GAINESVILLE FL 32635** GAINESVILLE FL 32635 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3623940 City & State City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Pee Required Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RYON, WILLIAM E III 5105 N.W. 62ND TERRACE GAINESVILLE FL 32606 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to بريدو مجتمد للدالمتحد عابسي 9. Election Campaign Financing \$5.00 May Be Florida Department of State FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Change Addition TITLE ☐ Delete TITLE NAME MARSH, ANN NAME STREET ADDRESS 4910 NW 34TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIP ☐ Addition Change TITLE Delete RYON, WILLIAM E. III. 5105 NW 62 NO TERRACE TITLE NAME RYON, WILLIAM E III NAME STREET ADDRESS 5105 NW 62ND TERRACE STREET ADDRESS GAINESVILLE, FL 32653 CITY-ST-ZIP CITY-ST-ZIF

GAINESVILLE FL 32653 Addition Change TITLE Delete SEXTON, TERRY 9223 NU 23AL LANE TITLE NAME SEXTON, TERRY NAME STREET ADDRESS CHINESVILLE, FL 32606 9223 NW 23RD LANE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP Addition Change TITLE BATTLE, L. WINSTON Delete TITLE 4806 NW 71ST. PLACE NAME BATTLE, L. WINSTON NAME GAINESVILLE, EL 32653 STREET ADDRESS 4806 NW 71ST PLACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP T Addition ☐ Change CUCHRAN, JUHN W. Jr. 18104 NW 29Th PLACE ☐ Delete TITLE TITLE NAME NAME NEWBERRY, FL 32669 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete REEVES, LEE ANN 3525 NW 301 BLUD. TITLE NAME NAME STREET ADDRESS CAINESVILLE, FL 32605 STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empoweres

SIGNATURE:

WIELLOWAELIRYORFIT

02-13-03 (352)375-7181

FILED

Feb 17, 2003 8:00 am

Secretary of State

02-17-2003 90265 034 ****61.25