

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90150 040 ****61.25

DOCUMENT # N02000005839

1. Entity Name
ST. JOHNS ANGLICAN CHURCH, INCORPORATED



Principal Place of Business
**567 CANAL RD
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**P. O. BOX 3383
PONTE VEDRA BEACH, FL 32004**

24068861



DO NOT WRITE IN THIS SPACE

01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 43-1949242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GAY, LINDA E
567 CANAL ROAD
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITE-POWELL+, CANON RUFUS B 7200 NORTH WICKHAM ROAD MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAY, LINDA E 567 CANAL ROAD, P. O. BOX 696 PONTE VEDRA BEACH, FL 32004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAUB, HAROLD 68 TIFTON WAY NORTH PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Linda E. Gay - (Linda E. Gay)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-04 904285-4699
Date Daytime Phone #