

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

FILED
Jun 06, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90265 022 *****61.25

DOCUMENT # NO2000005839

1. Entity Name

ST. JOHNS ANGLICAN CHURCH, INCORPORATED



Principal Place of Business
84 SOUTH ROSCOE BLVD.
PONTE VEDRA BEACH FL 32004

Mailing Address
P. O. BOX 672
PONTE VEDRA BEACH FL 32004

33040010

2. Principal Place of Business
567 Canal Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3383
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Ponte Vedra Beach, FL
Zip
32082
Country

City & State
Ponte Vedra Beach, FL
Zip
32004-3383
Country

4. FEI Number
43-19 49242

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAY, LINDA E
587 CANAL ROAD
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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 *LINDA E GAY*

04-30-03

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

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
P
KITE-POWELL+, CANON RUFUS B
7200 NORTH WICKHAM ROAD
MELBOURNE FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GAY, LINDA E
587 CANAL ROAD, P. O. BOX 696
PONTE VEDRA BEACH FL 32004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
STAUB, HAROLD
68 TIFTON WAY NORTH
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
D
Kite-Powell+, Canon Rufus B
7200 North Wickham Road
Melbourne FL 32940 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D. Smith
GAY, Linda E
567 Canal Rd, P.O. Box 696
Ponte Vedra Beach, FL 32004 ☒ 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
☐ 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 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: *[Signature]* **REQUIRED**

04-30-03

904285-4699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)