

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90162 027 ****61.25

DOCUMENT # N02522

1. Entity Name

THE EPISCOPAL CHURCH OF THE HOLY APOSTLES



Principal Place of Business

%LOUIS A. TOWSON
505 GRANT AVENUE
SATELLITE BEACH FL 32937

Mailing Address

%LOUIS A. TOWSON
505 GRANT AVENUE
SATELLITE BEACH FL 32937



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1655830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWSON, LOUIS A.
505 GRANT AVENUE
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name Norman Desrosiers, Jr.

Street Address (P.O. Box Number is Not Acceptable)
505 Grant Avenue

City Satellite Beach

FL

Zip Code
32937

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 Norman Desrosiers Jr., Rector

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

April 26, 2006

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 ☐ Delete
NAME D
STREET ADDRESS GALLUP, BEVERLY A
CITY-ST-ZIP 630 VERBENIA DRIVE
SATELLITE BEACH FL 32937

TITLE ☒ Delete
NAME S
STREET ADDRESS SPURLOCK, STEPHANIE
CITY-ST-ZIP 414 SANDPIPER DRIVE
SATELLITE BEACH FL 32937

TITLE ☐ Delete
NAME T
STREET ADDRESS GODFREY, RANDALL
CITY-ST-ZIP 2148 AUBURN LAKES DRIVE
VIERA FL 32955

TITLE ☐ Delete
NAME D
STREET ADDRESS STANLEY, KEITH
CITY-ST-ZIP 645 KENWOOD COURT
SATELLITE BEACH FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Mildred Solari
CITY-ST-ZIP 402 Finch Dr.
Satellite Beach, FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Will B. Rector

4/26/06

321-773-7918