


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008759 1. Entity Name THE ANGLICAN CHURCH OF THE WORD, INC.	
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03052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 06-1725358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HESFORD, A. MARGARET ESQ. 5638 WEST ATLANTIC BOULEVARD MARGATE, FL 33063-4523
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	PD EATON, WILLIAM REV. 978 SW 114TH TERRACE DAVIE, FL 333254027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESFORD, A. MARGARET ESQ. 5648 WEST ATLANTIC BOULEVARD MARGATE, FL 330634523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALY, S. KARL 16865 SW 1ST PLACE PEMBROKE PINES, FL 330271095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HYDE, DONALD 10660 SW 14TH COURT DAVIE, FL 333247120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/05-80043-024 61.25

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-05

Date

954-474-5982

Daytime Phone #