


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90167 023 ****61.25

DOCUMENT # N05000004344 1. Entity Name SERVANTS OF CHRIST ANGLICAN CHURCH, INC.					
Principal Place of Business 2626 NW 58TH BLVD. GAINESVILLE, FL 32606			Mailing Address 2626 NW 58TH BLVD. GAINESVILLE, FL 32606		
2. Principal Place of Business 3536 NW 8 Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 357867 Suite, Apt. #, etc.			
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 20-275-7799	
Zip 32605		Country Alachua		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENWALL, PETER C.K. 2750 NW 43RD STREET SUITE 201 GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name: Same 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is: \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Debra B. Daquila</u> <u>Debra B. Daquila</u> <u>4/26/06</u> <u>352/334-3514</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					