


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000006667</b> 1. Entity Name <b>SAINT ANDREW'S ANGLICAN CHURCH INC.</b>	
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Principal Place of Business <b>323 MANSON LANE JACKSONVILLE FL 32220</b>	Mailing Address <b>323 MANSON LANE JACKSONVILLE FL 32220</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E037 (10/07)

4. FEI Number <b>20-3292439</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>POCZATEK, JULIAN REV. 323 MANSON LANE JACKSONVILLE FL 32220</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to:</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete POCZATEK, JULIAN REV. 323 MANSON LANE JACKSONVILLE FL 32220		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000814137 02/13/08-80032-016 61.25	
NAME	POCZATEK, DEBRA		NAME		
STREET ADDRESS	323 MANSON LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32220		CITY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE FL 32220		CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			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:** *Rev. Julian Poczatek*