2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2009
Secretary of State

DOCUMENT# N05000008405

Entity Name: SAINT PAUL'S ANGLICAN MISSION, INC.

Current Principal Place of Business:

510 W. 10TH STREET
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

PO BOX 15787
PANAMA CITY, FL 32406

New Mailing Address:

510 W. 10TH STREET
LYNN HAVEN, FL 32444

FEI Number: 20-3510657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOLAN, HEATHER S
1210 CORNELL DRIVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DUNCAN, RICHARD
Address: 351 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: QUALLS, SHERYLL H
Address: 1616 COLORADO AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: GRAMINSKI, KATHLEEN L
Address: 2426 AUBURN DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: RILEY, MATTHEW W REV.
Address: 510 WEST 10TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Change (X) Addition
Name: DOLAN, HEATHER
Address: 1210 CORNELL DRIVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER DOLAN D 07/19/2009

Electronic Signature of Signing Officer or Director — Date