

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008405

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**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:**

510 W. 10TH STREET  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 20-3510657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** QUALLS, SHERYLL H  
**Address:** 1616 COLORADO AVE.  
**City-St-Zip:** LYNN HAVEN, FL 32444

**Title:** D  
**Name:** KRISTI, BENEVENTO  
**Address:** PO BOX 28  
**City-St-Zip:** LYNN HAVEN, FL 32444

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

**Title:** D  
**Name:** DOLAN, HEATHER  
**Address:** 1210 CORNELL DRIVE  
**City-St-Zip:** PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

**SIGNATURE:** HEATHER DOLAN

MRS.

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date