

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010353

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** THE TALLAHASSEE FELLOWSHIP OF THE ANGLICAN MISSION IN AMERICA, INC.

**Current Principal Place of Business:**

232 EAST 5TH AVENUE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

232 EAST 5TH AVENUE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANTURE, CHARLES  
232 EAST 5TH AVENUE  
TALLAHASSEE, FL 32303      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:                      VANTURE, CHARLES  
Address:                      2105 LAROCHELLE DRIVE  
City-St-Zip:                      TALLAHASSEE, FL 32308

Title:                      D                      ( ) Delete  
Name:                      HOLLOWAY, DANIEL  
Address:                      2944 BRANDEMERE  
City-St-Zip:                      TALLAHASSEE, FL 32312

Title:                      D                      ( ) Delete  
Name:                      HOLLOWAY, ROBERT  
Address:                      707 COLLINS DRIVE  
City-St-Zip:                      TALLAHASSEE, FL 32312

Title:                      D                      ( ) Delete  
Name:                      BUMP, JOHN  
Address:                      628 SOUTH RIDE  
City-St-Zip:                      TALLAHASSEE, FL 32312

**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:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES E VANTURE

D

04/26/2006

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

\_\_\_\_\_  
Date