

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010782

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** SAINT PETER'S ANGLICAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

119 S. 4TH ST.,  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

119 S. 4TH ST.,  
MACCLENNY, FL 32063

**New Mailing Address:**

**FEI Number:** 20-3654844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRALL, BILL  
475 S. 4TH ST.  
MACCLENNY, FL 32063 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: CHMN ( ) Delete  
Name: MARSHALL, DON  
Address: 6216 MICHELE RD.  
City-St-Zip: MACCLENNY, FL 32063

Title: VCHR ( ) Delete  
Name: KRALL, BILL  
Address: 475 S 4TH ST.  
City-St-Zip: MACCLENNY, FL 32063

Title: S/T ( ) Delete  
Name: PETERSON, DEAN  
Address: 17580 W. RIDGEWOOD DR.  
City-St-Zip: GLEN ST. MARY, FL 32040

**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:

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: DON MARSHALL

CHMN

01/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date