

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010782

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** ST. PETER'S IN THE GLEN ANGLICAN CHURCH, INC.

**Current Principal Place of Business:**

7703 GLEN NURSERY RD.  
GLEN ST. MARY, FL 32040 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1585  
MACCLENNY, FL 32063

**New Mailing Address:**

**FEI Number:** 20-3654844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILNER, DEBRA  
6238 GEORGE HODGES RD.  
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  
Name: MILNER, DANIEL  
Address: 6238 GEORGE HODGES RD.  
City-St-Zip: MACCLENNY, FL 32063

Title: TREA  
Name: MILNER, DEBRA  
Address: 6238 GEORGE HODGES RD  
City-St-Zip: MACCLENNY, FL 32063

Title: OFFI  
Name: WIRICK, SUZANNE  
Address: 6623 ADAMS RD.  
City-St-Zip: MACCLENNY, FL 32063

Title: OFFI  
Name: KLINE, RALPH  
Address: 8401 NURSERY RD.  
City-St-Zip: GLEN ST. MARY, FL 32040

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: DEBRA MILNER

TREA

04/17/2012

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

\_\_\_\_\_  
Date