

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012957

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** FAITH IN CHRIST ANGLICAN CHURCH, INC.

**Current Principal Place of Business:**

9317 U.S. HIGHWAY 90 WEST  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

9317 U.S. HIGHWAY 90 WEST  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 84-1667912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, DONALD  
3773 72ND STREET  
LIVE OAK, FL 32060 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: PD ( ) Delete  
Name: WILSON, DONALD  
Address: 3773 72ND STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: STD ( ) Delete  
Name: NAPOLITAN, DAVID  
Address: 9816 155TH RD  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: MCLANE, MARY  
Address: 1001 SE CENTURY RD #245  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: LYNCH, FLOYCE M  
Address: 706 SW CHAPEL HILL ST  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: KOST, JOHN L  
Address: 12382 COUNTY RD 252  
City-St-Zip: MCALPIN, FL 32062

**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:

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

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: DAVID NAPOLITAN

STD

04/10/2009

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

\_\_\_\_\_  
Date