## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011607

Entity Name: SAINT PETER'S ANGLICAN CHURCH, INC.

Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

309 6TH STREET 309 6TH STREET

US PORT ST. JOE, FL 32456 PORT ST. JOE, FL 32456

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1304 P.O. BOX 1304

PORT ST. JOE, FL 32457 PORT ST. JOE, FL 32457 US

FEI Number: 20-5782543 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

NEDLEY, EEEEEE E NEDLEY, ROBERT E 2004 MONUMENT AVE 2004 MONUMENT AVE. US JOIE EIEIIEIEI, FL 32456 US PORT ST. JOE, FL 32456

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: ROBERT E. NEDLEY 04/27/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VCD (X) Change ( ) Addition () Delete LITTLE, LOUIE J JR. NEDLEY, ROBERT E Name: Name: 105 MONICA DR. Address: 2004 MONUMENT AVE. Address:

City-St-Zip: PORT ST. JOE, FL 32456 City-St-Zip: PORT ST. JOE, FL 32456 US

Title: STD () Delete Title: (X) Change ( ) Addition NEDLEY, ROBERT E Name: WELLS, LLOYD W Name: Address: 2004 MONUMENT AVE. Address: 307 NAUTILUS DRIVE

City-St-Zip: PORT ST. JOE, FL 32456 City-St-Zip: PORT ST. JOE, FL 32456 US Title: () Delete Title: (X) Change ( ) Addition

WELLS, LLOYD W ETHERIDGE, VIRGINIA J Name: Name: 307 NAUTILUS DR. Address: Address: 608 GARRISON AVE City-St-Zip: PORT ST. JOE, FL 32456 City-St-Zip: PORT ST. JOE, FL 32456 US

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: THARPE, VONCILE A 606 GARRISON AVE. Address: Address: City-St-Zip: City-St-Zip: PORT ST. JOE, FL 32456 US

Title: () Delete Title: ( ) Change (X) Addition

KENNINGTON, VALARIE R Name: Name: 405 PLANATITION DRIVE Address: Address: City-St-Zip: City-St-Zip: PORT ST. JOE, FL 32456 US

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: ROBERT E. NEDLEY C 04/27/2009