## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N06000012216

Entity Name: LINCOLNVILLE ANGLICAN CHURCH, INC.

Apr 29, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
43 DOLPHIN DR. ST. AUGUSTINE, FL 32080	

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

43 DOLPHIN DR. P.O. BOX 1657

ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32085

FEI Number: 20-5507062 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CALDWELL, CHARLES A. 43 DOLPHIN DR.

ST. AUGUSTINE, FL 32080 US

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:

Date

## Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

### **OFFICERS AND DIRECTORS:**

SR W () Delete (X) Change ( ) Addition

CALDWELL, CHARLES A. LEGE', MICHAEL Name: Name: 43 DOLPHIN DR. Address: 5635 DON MANUEL ROAD Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: ELKTON, FL 32033

Title: Title: (X) Change ( ) Addition ( ) Delete HYNES, PATRICK B. Name: HYNES, PATRICK. B Name:

Address: 8280 A1A SOUTH Address: 8280 A1A SOUTH City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Delete Title: DIR (X) Change ( ) Addition CUMPTON, MICHAEL Name: CUMPTON, MICHAEL Name:

Address: 114 3 ST. Address: 114 3 ST.

City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete Title: JR W (X) Change ( ) Addition Name: ARNETT, GLENN Name: FOSTER, RICHARD

349 FIDDLERS POINT DRIVE Address: 3260 KINGS RD. Address: City-St-Zip: ST. AUGUSTINE, FL 32086 City-St-Zip: ST. AUGUSTINE, FL 32080

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

BROUN, DAWN Name: Name: 35 LINDA MAR DRIVE Address: Address: City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32080

Title: () Delete Title: ( ) Change (X) Addition ROBINSON, ARTHUR JR Name: Name:

Address: Address: 22 LAKESIDE PLACE EAST PALM COAST, FL 32137 City-St-Zip: 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: MICHAEL LEGE' SR W 04/29/2007