2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# N06000012216

Entity Name: LINCOLNVILLE ANGLICAN CHURCH, INC.

Current Principal Place of Business:

43 DOLPHIN DR.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1657
ST. AUGUSTINE, FL 32085

New Mailing Address:

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

Name and Address of Current Registered Agent:

CALDWELL, CHARLES A.
43 DOLPHIN DR.
ST. AUGUSTINE, FL 32080 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:	SR W	( ) Delete
Name:	LEGE', MICHAEL	
Address:	5635 DON MANUEL ROAD	
City-St-Zip:	ELKTON, FL 32033	
Title:	CFO	( ) Delete
Name:	HYNES, PATRICK. B	
Address:	8280 A1A SOUTH	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	DIR	( ) Delete
Name:	CUMPTON, MICHAEL	
Address:	114 3 ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	JR W	( ) Delete
Name:	FOSTER, RICHARD	
Address:	349 FIDDLERS POINT DRIVE	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	DIR	( ) Delete
Name:	BROUN, DAWN	
Address:	35 LINDA MAR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32080	
Title:	DIR	( ) Delete
Name:	ROBINSON, ARTHUR JR	
Address:	22 LAKESIDE PLACE EAST	
City-St-Zip:	PALM COAST, FL 32137	

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:	
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: TERRI L HUSBERG TREA 02/27/2008

Electronic Signature of Signing Officer or Director — Date