

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003031

FILED
Mar 22, 2009
Secretary of State

Entity Name: CHRIST CHURCH ANGLICAN OF WAKULLA, INC.

Current Principal Place of Business:

4340 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

4340 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 37-1541480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAPPS, THOMAS ESQ.
1114-P THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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: P () Delete
Name: PHILLIPS, ROBERTA
Address: 55 EDGEWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: GERUS, JAMES
Address: 15 H.R. LINZY LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: BLACK, REBECCA
Address: 83 SUNRISE LANE
City-St-Zip: PANACEA, FL 32346

Title: T () Delete
Name: LANGFORD, ROSS
Address: 441 MASHES SANDS RD
City-St-Zip: PANACEA, FL 32346

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:

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: ROBERTA PHILLIPS

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date