

FILED
May 30, 2008 8:00 am
Secretary of State

401000-20

DOCUMENT # N07000010938 1. Entity Name EPIPHANY CELEBRATION ANGLICAN CHURCH, INC.		 05-30-2008 90218 017 ****61.25	
Principal Place of Business 2241 ROBERT D ROAD MOUNT DORA, FL 32757 US		Mailing Address 2241 ROBERT D ROAD MOUNT DORA, FL 32757 US	
2. Principal Place of Business - No P.O. Box # 2001 West Old Hwy 441		3. Mailing Address 2001 West Old Hwy 441	
Suite, Apt. #, etc. Suite 2 City & State Mount Dora Florida		Suite, Apt. #, etc. Suite 2 City & State Mount Dora Florida	
Zip 32757		Country USA	
Zip 32757		Country USA	
6. Name and Address of Current Registered Agent D'OYLEY, ANTHONY A SR 7481 WEST OAKLAND PK BLVD 205 FT. LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name Robert Race Street Address (P.O. Box Number is Not Acceptable) 17521 US Hwy 441 City Mount Dora FL Zip Code 32757	
8. 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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE <i>Robert R Race</i> Robert R. Race		April 30, 2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	WISE, COOPER		
STREET ADDRESS	2241 ROBERT D ROAD		
CITY-ST-ZIP	MOUNT DORA, FL 32757		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	NEWHALL, ROSSITZA D		
STREET ADDRESS	2255 MERRY ROAD		
CITY-ST-ZIP	TAVARES, FL 32778		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	D'OYLEY, ANTHONY A SR		
STREET ADDRESS	7481 WEST OAKLAND PK BLVD. #205		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319		
TITLE	Senior Warden	<input type="checkbox"/> Delete	
NAME	Robert Race	<input checked="" type="checkbox"/> Add	
STREET ADDRESS	17521 US Hwy 441 Mt. Dora		
CITY-ST-ZIP	FL 32757		
TITLE	Junior Warden	<input type="checkbox"/> Delete	
NAME	Wm Sudlow	<input checked="" type="checkbox"/> Add	
STREET ADDRESS	1385 Morningside Mt Dora		
CITY-ST-ZIP	FL 32757		
TITLE	Secretary	<input type="checkbox"/> Delete	
NAME	Pamela Burtnett	<input checked="" type="checkbox"/> Add	
STREET ADDRESS	741 E. 8th Ave. Mt Dora		
CITY-ST-ZIP	FL 32757		
TITLE	Gerald Ransom	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	215 N Grandview		
STREET ADDRESS	Mt Dora FL 32757		
CITY-ST-ZIP			
TITLE	Bruce Berran	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	1014 Southland Dr		
STREET ADDRESS	Mt. Dora FL 32757		
CITY-ST-ZIP			
TITLE	Joyce Cares	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	20535 Queen Alexandra Dr		
STREET ADDRESS	Leesburg FL 34748		
CITY-ST-ZIP			
TITLE	Claudette Hayes D'Oyley	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	27437 CR 44A		
STREET ADDRESS	Eustis FL 32736		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert R Race</i> Robert R. Race		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			