

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010938

FILED
Apr 15, 2009
Secretary of State

Entity Name: EPIPHANY CELEBRATION ANGLICAN CHURCH, INC.

Current Principal Place of Business:

2001 WEST OLD HWY. 441
MOUNT DORA, FL 32757 US

New Principal Place of Business:

2062 CLASSIQUE LANE
TAVARES, FL 32778 US

Current Mailing Address:

2001 WEST OLD HWY. 441
MOUNT DORA, FL 32757 US

New Mailing Address:

2062 CLASSIQUE LANE
TAVARES, FL 32778 US

FEI Number: 26-1368986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACE, ROBERT
17521 US HWY. 441
MOUNT DORA, FL 32757 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: D () Delete
Name: RANSOM, GERALD
Address: 215 N GRANDVIEW
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D () Delete
Name: BERRAN, BRUCE
Address: 1014 SOUTHLAND DRIVE
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D () Delete
Name: CARES, JOYCE
Address: 20535 QUEEN ALEXANDRA DRIVE
City-St-Zip: LEESBURG, FL 34748 US

Title: D () Delete
Name: D'OYLEY, CLAUDETTE
Address: 27437 CR 44A
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: WARDEN, JUNIOR
Address: 1385 MORNINGSIDE MT.
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: BURNETT, PAMELA
Address: 741 E. 8TH AVE.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MACDONALD, DAVID
Address: 25827 ANDERDOVEY AVENUE
City-St-Zip: MOUNT PLYMOUTH, FL 32776 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUDLOW, WILLIAM
Address: 1385 MORNINGSIDE MT.
City-St-Zip: MOUNT DORA, FL 32757

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: PATRICIA A. BARNES

OM

04/15/2009

Electronic Signature of Signing Officer or Director

Date