


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90067 032 ****61.25

DOCUMENT # N07406	
1. Entity Name THE CHURCH OF SAINT GEORGE (ANGLICAN), INCORPORATED	

Principal Place of Business 5646 SE 28TH ST OCALA FL 34471 US	Mailing Address 5646 SE 28TH ST OCALA FL 34471 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2474745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PATTON, JAMES C 6076 SW 84TH ST OCALA FL 34476	7. Name and Address of New Registered Agent Name <u>Lee M. Wren</u> Street Address (P.O. Box Number is Not Acceptable) <u>6401-C Lakewood Drive</u> City <u>OCALA</u> <u>FL</u> Zip Code <u>34472</u>
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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 Lee M. Wren Lee M. Wren April 29, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>RUSHLOW, ARTHUR BP</u> <u>627 N.E. 45TH CT.</u> <u>OCALA FL 34470</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DV</u> <u>PATTON, JAMES</u> <u>6067 SW 84 STREET</u> <u>OCALA FL 34476</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DV</u> <u>ELBERT Wilkinson</u> <u>940 NE 50 AVENUE</u> <u>OCALA, FL 32674</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>ROBBINS, SUE</u> <u>3788 SE 45TH PL</u> <u>OCALA FL 34480</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>Lee M. Wren</u> <u>6401-C Lakewood Drive</u> <u>OCALA, FL 34472</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>FAIRCHILD, MARGARET</u> <u>62 BAHIA TRACE COURCE</u> <u>OCALA FL 34472</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Dale Desimone</u> <u>3894 SE 48 ST</u> <u>OCALA, FL 34470</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Arthur C. Rushlow April 29, 2006 352-598-7569