


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07406 1. Entity Name THE CHURCH OF SAINT GEORGE (ANGLICAN), INCORPORATED						FILED 07 OCT 17 PM 12: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5646 SE 28TH ST OCALA, FL 34471 US				Mailing Address 5646 SE 28TH ST OCALA, FL 34471 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent WREN, LEE M 6401-C LAKEWOOD DRIVE OCALA, FL 34472				7. Name and Address of New Registered Agent Name HOYCE McLaughlin Street Address (P.O. Box Number is Not Acceptable) 808 SE 38th Avenue City OCALA FL Zip Code 34471			
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 HOYCE McLaughlin <i>Joyce McLaughlin</i> 10-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSHLOW, ARTHUR BP 627 N.E. 45TH CT. OCALA, FL 34470 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500110871245 10/17/07-01005-009 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILKINSON, ELBERT 940 NE S. AVE OCALA, FL 32674 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sandy Sailor 2245 SE 12 ST OCALA, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WREN, LEE M 6401-C LAKEWOOD DR. OCALA, FL 34472 <input checked="" 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	S MELISSA MAYNARD 6465 SE 13 CT OCALA, FL 34480 <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		
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 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: ARTHUR RUSHLOW, BP <i>Arthur C Rushlow</i> 10-11-07 598-7569 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							