


2006

CORPORATION
ANNUAL REPORTFILED
May 31, 2006 8:00 am
Secretary of State

02-08-2006 90017 024 ***150.00

DOCUMENT #N08000004250 1. Entity Name ANGLICAN DIOCESE OF FLORIDA, INC.					
Principal Place of Business 3066 DREW WAY PALM SPRINGS, FL 33406			Mailing Address 3066 DREW WAY PALM SPRINGS, FL 33406		
2. Principal Place of Business 3066 Drew Way Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Palm Springs		City & State		4. FEI Number 76-0818988	
Zip 33406-7634		Country PalmBeach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADEN, LISA 4823 FIREST HILL BLVD. STE 111 WEST PALM BEACH, FL 33415				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Edward E. La Cour</u> + <u>Edward E. La Cour</u> May 25, 2006 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered agent signature is required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LA COUR, EDWARD E RT.REV 249 TAM O-SHANTER DR. PALM SPRINGS, FL 33461 <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	DVP COSTANZO, CHRISTOPHER B 410 86TH TERRACE SOUTH WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher Costanzo 7731 PineTree Lane West Palm Beach, FL 33406 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIEICH, LYNN H 7640 CLARKE RD. WEST PALM BEACH, FL 33406 <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
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 607, 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: <u>Edward E. La Cour</u> + <u>Edward E. La Cour</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Feb. 06, 06 561/641-0082 <small>Date Daytime Phone #</small>	

66017619



01252006 Chg-P CR2EQ34 (11/05)



ATTACHMENT

66017619

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

ANGLICAN DIOCESE OF FLORIDA, INC.
3066 DREW WAY
PALM SPRINGS, FL 33406

Subject: ANGLICAN DIOCESE OF FLORIDA, INC.

Reference Number: P05000140772

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE Sorry for delay, papers were lost during renovation
of my office.
ANNUAL REPORTS SECTION

A handwritten signature in cursive script, appearing to read "J. E. [unclear]".