# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 09, 2009**
**Secretary of State**

DOCUMENT# N08000008960

**Entity Name:** RESURRECTION PROTESTANT EPISCOPAL CHURCH OF ST. JOHN'S COUNTY, INC.

**Current Principal Place of Business:**

592 BATTERSEA DRIVE
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

592 BATTERSEA DRIVE
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number: 26-3430290** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

ANDERSON, IAN D
592 BATTERSEA DRIVE
ST. AUGUSTINE, FL 32095 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: P ( ) Delete
Name: CASTILLO, FRANK
Address: 613 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: T ( ) Delete
Name: ANDERSON, IAN
Address: 592 BATTERSEA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: S ( ) Delete
Name: ANDERSON, IAN
Address: 592 BATTERSEA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: FRANK CASTILLO P 07/09/2009

Electronic Signature of Signing Officer or Director — Date