

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007221

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** THE PROTESTANT EPISCOPAL CHURCH USA, DIOCESE OF THE RESURRECTION, INCORPORATED

**Current Principal Place of Business:**

592 BATTERSEA DRIVE  
SAINT AUGUSTINE, FL 32095 US

**New Principal Place of Business:**

**Current Mailing Address:**

592 BATTERSEA DRIVE  
SAINT AUGUSTINE, FL 32095 US

**New Mailing Address:**

**FEI Number:** 27-1222207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, IAN D  
592 BATTERSEA DRIVE  
SAINT 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  
**Name:** ANDERSON, IAN D  
**Address:** 592 BATTERSEA DRIVE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32095 US

**Title:** VP  
**Name:** CROWLEY, DANIEL  
**Address:** 257 PINEHURST POINTE  
**City-St-Zip:** SAINT AUUGUSTINE, FL 32092 US

**Title:** SEC  
**Name:** ANDERSON, ROBIN M  
**Address:** 592 BATTERSEA DRIVE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32095 US

I hereby 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 all other like empowered.

**SIGNATURE:** IAN D. ANDERSON

P

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date