SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 10:26

DOCUMENT # N12202 (0)

1. Corporation Name
THE ANGLICAN CHURCH OF THE ADVENT, INC.

Principal Place of Business	Mailing Address
951 OLD DIXIE HWY A-11 VERO BEACH FL 32960	P.O. BOX 926 VERO BEACH FL 32961-0926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1985
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2538252 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SALMON, HARRIET
524 BAY DR
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HURT, WILLIAM C	12 NAME	
STREET ADDRESS	956 6TH LANE	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32961-0926	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HURT, ALMA	22 NAME	
STREET ADDRESS	956 6TH LANE	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	~~CABLE, ROBERT~~	32 NAME	Delete
STREET ADDRESS	~~NO ADDRESS GIVEN~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~SEBASTIAN FL~~	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HURT, MARK D	42 NAME	
STREET ADDRESS	424 KENTUCKY CT	43 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	44 CITY-ST-ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	SALMON, HARRIET	52 NAME	
STREET ADDRESS	524 BAY DR	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	SALMON, BURTON D.	62 NAME	
STREET ADDRESS	524 BAY DR.	63 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harriet N. Salmon 6-11-95 407-778-2456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006510