

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N12202 (0)**

1. Corporation Name

THE ANGLICAN CHURCH OF THE ADVENT, INC.



Principal Place of Business

Mailing Address

~~954 OLD BIRCH HWY~~
~~VERO~~
VERO BEACH FL 32960

P.O. BOX 926
VERO BEACH FL 32961-0926

3. Date Incorporated or Qualified **11/21/1985** 3a. Date of Last Report **06/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **TEMPORARILY WITHOUT LOCATION**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALMON, HARRIET
524 BAY DR
VERO BEACH FL 32963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME HURT, WILLIAM C
STREET ADDRESS 956 6TH LANE
CITY-ST-ZIP VERO BEACH FL 32961-0926

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME HURT, ALMA
STREET ADDRESS 956 6TH LANE
CITY-ST-ZIP VERO BEACH FL 32960

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME HURT, MARK D
STREET ADDRESS 424 KENTUCKY CT
CITY-ST-ZIP LEXINGTON KY

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ST
NAME SALMON, HARRIET
STREET ADDRESS 524 BAY DR
CITY-ST-ZIP VERO BCH. FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VD
NAME SALMON, BURTON D.
STREET ADDRESS ~~524 BAY DR.~~
CITY-ST-ZIP VERO BCH. FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE VD
NAME ~~WILLIAM BURNAM~~
STREET ADDRESS ~~P.O. BOX 7250~~
CITY-ST-ZIP VERO BEACH, FL 32961-7250

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

VD
BILL D. BURNAM
P.O. BOX 7250
VERO BEACH, FL 32961-7250

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)(k), 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 HARRIET N. SALMON / 22-96 407-231-3690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)