FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

2 Principal Place of Business

Suite, Apt. #, etc.

2128 N HWY 1 FT PIERCE FL 34950 US

N12202

(0)

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc

VERO BEACH FL 32961-0926

P.O. BOX 926

THE ANGLICAN CHURCH OF THE ADVENT, INC.

FILED
Feb 04 1998 8:00am
Secretary of State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

11/21/1985

59-2538252

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

City & State City & State Zip Country Zip Country Zip Solution Solut	22					27				Trust Hund Contribution		Added to	Fees		
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent SALMON, HARRIET 207 SPYGLASS LN VERO BEACH FL 32963 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	$\overline{}$	City & State	y & State				City & State				7. Is this nonprofit corporati		_	n?	
24 25 29 30 Personal Property Tax due June 30. Ves No 9. Name and Address of Current Registered Agent 81 Name SALMON, HARRIET 207 SPYGLASS LN VERO BEACH FL 32963 82 Street Address (P.O. Box Number is Not Acceptable) 83 Personal Property Tax due June 30. Ves No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Personal Property Tax due June 30. Ves No 84 Name 85 Street Address (P.O. Box Number is Not Acceptable)											<u> </u>	Yes L	No		
9. Name and Address of Current Registered Agent 81 Name SALMON, HARRIET 207 SPYGLASS LN VERO BEACH FL 32963 83 PM City		Zîp			_	→ '			intry		- 1	•	· -		_ ~
SALMON, HARRIET 207 SPYGLASS LN VERO BEACH FL 32963 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	24							30							J No J
SALMON, HARRIET 207 SPYGLASS LN VERO BEACH FL 32963 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	9. Name and Address of Current Registered Agent							,				10. Name and Address of N	lew Registered	Agent	-
207 SPYGLASS LN VERO BEACH FL 32963 83 84 City	l								81	Name					
VERO BEACH FL 32963 83	SALMON, HARRIET							82	Street	Addres	s (P.O. Box Number is Not Ac	ceptable)			
VERO BEACHT 1 22903	207 SPYGLASS LN						,	<u></u>							
84 City F1 85 Zip Code	VERO BEACH FL 32963						!	83					•		
	İ								84	City				85 Zip (Code
<u> </u>															
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	11.														
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 France Jalman 1-25-98															
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE															
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				OFFICER	IS AND DI	RECTORS		13.				ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE PD DELETE 1.1 TITLE Change Addition	TITLE						L DELETE	1.1 TI	TLE		J			Change	Addition
NAME HURT, WILLIAM C 1.2 NAME	NAME	.						1.2 N	чМΕ						
STREET ADDRESS 1122 9TH LN 1.3 STREET ADDRESS	STREE	ET ADDRESS						1.3 \$1	rreet /	ADDRESS					ļ
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NAME GAGARINE, BETTY 2.2 NAME	NAME	:	GAGARI	NE, BETTY				2.2 N	ME						}
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CITY-ST-ZIP FT PIERCE FL 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	CITY-	ST-ZIP_	FT PIER	CE FL				2, 40	ITY-S	T-ZIP					
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STREET ADDRESS 524 BAY DR 3.3 STREET ADDRESS 3.3 STREET ADDRESS	STREE	et address	524 BAY	DR				3.3 ST	REET	ADDRESS]				1
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NAME BURNAM, BILL D 4.2 NAME	NAME	•	BURNAN	1, BILL D				4. 2 N	AME		,				Ì
STREET ADDRESS P.O. BOX 7250 4.3 STREET ADDRESS	STREE	et address	P.O. BO	X 7250				4.3 ST	REET /	ADDRESS					
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CITY-ST-ZIP 6.4 CITY-ST-ZIP											Ì				- 1
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information is true and that my signature shall have the same legal effect as if made under path; that I am an	14.	I hereby c	ertify that th	e information supp	lied with th	is filing doe	s not qualify fo	r the exe	empt	ion state	ed in Se	ection 119.07(3)(i), Florida Sta	tutes. I further ce	rtify 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: Both