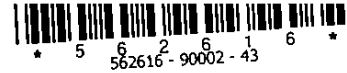


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90198 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12202**  
 1. Corporation Name  
**THE ANGLICAN CHURCH OF THE ADVENT, INC.**



Principal Place of Business 2128 N HWY 1 FT PIERCE FL 34950 US	Mailing Address P.O. BOX 926 VERO BEACH FL 32961-6926 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/21/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2538252
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent  SALMON, HARRIET 207 SPYGLASS LN VERO BEACH FL 32963	10. Name and Address of New Registered Agent 81 Name THE REV. W. C. HURT III 82 Street Address (P.O. Box Number is Not Acceptable) 1122 NINTH SQUARE 83 84 City VERO BEACH FL 85 Zip Code 32960
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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: *The Rev. W. C. Hurt III* DATE: 1/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HURT, WILLIAM C		1.2 NAME BETTY MCCAWN	
STREET ADDRESS 1122 9TH ST		1.3 STREET ADDRESS 7000 20TH ST, #916	
CITY-ST-ZIP VERO BEACH FL 78		1.4 CITY-ST-ZIP VERO BEACH, FL	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GAGARINE, BETTY		2.2 NAME KAY BELANGER	
STREET ADDRESS 3100 N HWY A1A		2.3 STREET ADDRESS 3502 21ST ST	
CITY-ST-ZIP FT PIERCE FL		2.4 CITY-ST-ZIP VERO BEACH, FL 32960	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SECRETARY-TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALMON, HARRIET		3.2 NAME HARRIET YEMM	
STREET ADDRESS 524 BAY DR		3.3 STREET ADDRESS 207 SPYGLASS LANE	
CITY-ST-ZIP VERO BCH. FL		3.4 CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TREASURER-TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURNAM, BILL D		4.2 NAME R. G. WILLIAMS	
STREET ADDRESS P.O. BOX 7250		4.3 STREET ADDRESS 3231 SE BREMER WAY	
CITY-ST-ZIP VERO BEACH FL		4.4 CITY-ST-ZIP PORT ST. LUCIE FL 34952	
TITLE SENIOR WARDEN	<input type="checkbox"/> DELETE	5.1 TITLE SR. WARDEN-TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VERNON K HAIL		5.2 NAME VERNON HAIL	
STREET ADDRESS 196 16TH AVE		5.3 STREET ADDRESS 196 16TH AVE	
CITY-ST-ZIP VERO BEACH, FL 32962		5.4 CITY-ST-ZIP VERO BEACH, FL 32962	
TITLE TREASURER	<input type="checkbox"/> DELETE	6.1 TITLE PRES.-ROCTOR-DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME R. G. WILLIAMS		6.2 NAME HURT, WILLIAM C.	
STREET ADDRESS 3231 SE BREMER WAY		6.3 STREET ADDRESS 1122 NINTH SQUARE	
CITY-ST-ZIP PORT ST. LUCIA, FL 34952		6.4 CITY-ST-ZIP VERO BEACH, FL 32960-4378	

14. I hereby certify that the information supplied with this filing 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *The Rev. W. C. Hurt III* DATE: 1/17/99 (561)778-2456

THIS COLUMN IS CORRECT CR2E037 (1/98)