

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N12202

1. Entity 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 32961-0926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2538252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURT, W C REV
1122 NINTH SQUARE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

The Rev. M. G. Hurt, RECTOR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 29, 2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ST
NAME ALDRICH, DEBORAH ☐ Delete
STREET ADDRESS 7858 MEADOWLARK LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE TT
NAME WILLIAMS, R G ☐ Delete
STREET ADDRESS 3251 SE BREAMAR WAY
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE SWT
NAME KHAIL, VERNON ☐ Delete
STREET ADDRESS 196 16TH AVE
CITY-ST-ZIP VERO BEACH FL 32962

TITLE PD
NAME HURT, WILLIAM C ☐ Delete
STREET ADDRESS 1122 NINTH SQUARE
CITY-ST-ZIP VERO BEACH FL 32960-4578

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

The Rev. M. G. Hurt, DIRECTOR OF CORP. 2/29/04 772/778-2456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #