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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N12336					
1. Corporation Name ST. MARY THE VIRGIN ANGLICAN CHURCH, INC.					
Principal Place of Business 101 HOMEWOOD BLVD. DELRAY BCH FL 33445			Mailing Address 101 HOMEWOOD BLVD. DELRAY BCH FL 33445		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/20/1985 4. FEI Number 59-2460286 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent FREDRICK L. BASIL 101 HOMEWOOD BLVD. DELRAY BCH FL 33445				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 *Fredrick L. Basil* Date May 10th, 1999
(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	ASD	☐ DELETE		1.1 TITLE	PD	☐ Change ☐ Addition	
NAME	NOWLIN, JAMES JR			1.2 NAME	Basil, Fredrick L.		
STREET ADDRESS	3860 LONE PINE RD			1.3 STREET ADDRESS	101 Homewood Blvd.		
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-ST-ZIP	Delray Beach, Fl		
TITLE	PD	☐ DELETE		2.1 TITLE	ASD	☐ Change ☐ Addition	
NAME	BASIL, FREDRICK L			2.2 NAME	Marie Been		
STREET ADDRESS	101 HOMEWOOD BLVD.			2.3 STREET ADDRESS	15 N. W. 24th Street		
CITY-ST-ZIP	DELRAY BEACH FL 33436			2.4 CITY-ST-ZIP	Delray Beach, Fl		
TITLE	S	☐ DELETE		3.1 TITLE	S	☐ Change ☐ Addition	
NAME	AMBROSE, MARACIA			3.2 NAME	Moritz, Linda		
STREET ADDRESS	3110 SE 1ST STREET			3.3 STREET ADDRESS	5425 Montoray Pine Lane		
CITY-ST-ZIP	BOYNTON BCH FL			3.4 CITY-ST-ZIP	Lantana, Fl 33462		
TITLE	TD	☐ DELETE		4.1 TITLE	TD	☐ Change ☐ Addition	
NAME	WELLS, JAMES R			4.2 NAME	Langley		
STREET ADDRESS	3837 QUAILE RIDGE DRIVE			4.3 STREET ADDRESS	2964 Needham Court		
CITY-ST-ZIP	BOYNTON BEACH FL 33436			4.4 CITY-ST-ZIP	Delray Beach, Fl 33445	☐ Change ☐ Addition	
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fredrick L. Basil* 5-10-99 561-265-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0045126

CR2E037 (1/198)