

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90029 016 ****70.00

DOCUMENT # N12827 1. Entity Name ST. MATTHEWS ANGLICAN CHURCH, INC.					
Principal Place of Business 10701 BLOOMINGDALE AVE RIVERVIEW, FL 33569			Mailing Address P.O. BOX 1173 RIVERVIEW, FL 33568-1173		
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 59-2621459	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PERKINS, WILLIAM H REV 11307 YEAGER CT RIVERVIEW, FL 33569			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADGETT, NORMAN		NAME		
STREET ADDRESS	243 HARBOR HOUSE RD		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERKINS, WILLIAM H REV		NAME		
STREET ADDRESS	11307 YEAGER CT		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEARNLEY, ANN M		NAME	James A. Belland	
STREET ADDRESS	823 SCENIC HEIGHTS DRIVE		STREET ADDRESS	2312 Lumsden Rd	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Valrico, FL 33595	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKAY, JUDY		NAME		
STREET ADDRESS	809 TUSCANY ST		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDDLETON, THOMAS		NAME		
STREET ADDRESS	8814 VAN FLEET RD		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PADGETT, NORMAN L		NAME	Tom Middleton	
STREET ADDRESS	243 HARBOR HOUSE RD		STREET ADDRESS	8814 Van Fleet	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	Riverview, FL 33569	
12. 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 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: Rev. William H. Perkins Jr. Pres. Rev. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE: 1-24-2004 813-663-0334					