

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90062 024 \*\*\*\*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

*Same as Above*

Suite, Apt. #, etc.

3. Mailing Address

*Same as Above*

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2621459**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PERKINS, WILLIAM H REV  
11307 YEAGER CT  
RIVERVIEW FL 33569**

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. William H. Perkins* <sup>Pres</sup> *The Rev. William H. Perkins* <sup>Pres</sup> **1-18-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	CONNELLY, DANIEL N	
STREET ADDRESS	3810 BUCK TAIL LANE	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERKINS, WILLIAM H REV	
STREET ADDRESS	11307 YEAGER CT	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEARNLEY, ANN M	
STREET ADDRESS	823 SCENIC HEIGHTS DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MC KAY, THOMAS W II	
STREET ADDRESS	809 TUSCANY ST	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OHANESIAN, ROBERT S	
STREET ADDRESS	2224 LAUREL OAK DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADGETT, NORMAN L	
STREET ADDRESS	243 HARBOR HOUSE RD	
CITY-ST-ZIP	OSPREY FL 34229	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Padgett, Norman L	
STREET ADDRESS	243 Harbor House Rd.	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Firlotte McKay	
STREET ADDRESS	809 TUSCANY ST	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas George Middleton	
STREET ADDRESS	8814 Van Fleet Rd	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Davies Haan	
STREET ADDRESS	111 Mystic Lake Terrace North	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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: *The Rev. William H. Perkins* <sup>Pres</sup> *The Rev. William H. Perkins* <sup>Pres</sup> **1-18-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-663-0334**

CR2E037 (10/02)