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**Apr 27, 1999 8:00 am**  
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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N18114

1. Corporation Name

ST. ANNE OF GRACE EPISCOPAL CHURCH INC.

Principal Place of Business

6660-113TH STREET NORTH  
 SEMINOLE FL 33772  
 US

Mailing Address

6660-113TH STREET NORTH  
 SEMINOLE FL 33772  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/08/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2368486	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAGWELL, ROBERT R. 6660 113TH ST. N. SEMINOLE FL 33772				81 Name <i>Kenneth D. Fullerton</i>			
				82 Street Address (P.O. Box Number is Not Acceptable) <i>(Same)</i>			
				83			
				84 City		FL	

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: *Kenneth D. Fullerton* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGWELL, ROBERT	1.2 NAME	<i>Emily Casater</i>
STREET ADDRESS	6660 113TH STREET	1.3 STREET ADDRESS	<i>9936 Indian Key Trail</i>
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	<i>Seminole, Fla. 33776</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERTON, WILLIAM	2.2 NAME	<i>Owen Johns</i>
STREET ADDRESS	9202 132ND STREET	2.3 STREET ADDRESS	<i>546 Crystal Drive</i>
CITY-ST-ZIP	SEMINOLE FL 33778	2.4 CITY-ST-ZIP	<i>Madeira Beach, Fla. 33708</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRING, JOHN	3.2 NAME	<i>H. Thomas Dulin</i>
STREET ADDRESS	12358 MONARCH CIR	3.3 STREET ADDRESS	<i>12894 90th Tenace North</i>
CITY-ST-ZIP	SEMINOLE FL 33772	3.4 CITY-ST-ZIP	<i>Seminole, Fla. 33776</i>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLERTON, KEN	4.2 NAME	
STREET ADDRESS	14445 OAK GLEN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TULEY, PAT	5.2 NAME	<i>William Doyle (D)</i>
STREET ADDRESS	10042 CARNELIAN LN	5.3 STREET ADDRESS	<i>1149 131st Ave North</i>
CITY-ST-ZIP	RIVERVIEW FL 33569	5.4 CITY-ST-ZIP	<i>Largo, Fla. 33778</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNNELL, LARRY	6.2 NAME	<i>Ruth Spears</i>
STREET ADDRESS	10555 SHADY OAK LANE	6.3 STREET ADDRESS	<i>441 Bath Club Blvd North</i>
CITY-ST-ZIP	SEMINOLE FL 33777	6.4 CITY-ST-ZIP	<i>N. Aodington Beach, Fla. 33708</i>

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 817, 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: *Kenneth D. Fullerton* SIGNATURE REQUIRED: *Kenneth D. Fullerton* 4/23/99 822-4688  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)