

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90015 027 ****61.25

DOCUMENT # N18114

1. Entity Name

ST. ANNE OF GRACE EPISCOPAL CHURCH INC.

Principal Place of Business

Mailing Address

6660-113TH STREET NORTH
 SEMINOLE FL 33772
 US

6660-113TH STREET NORTH
 SEMINOLE FL 33772-6214
 US

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

59-2368486

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLERTON, KENNETH D
6660 113TH ST. N.
SEMINOLE FL 33772

Name

LASATER, Emily

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

9936 Indian Key Trail

City

Seminole,

FL

Zip Code

33776

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.

SIGNATURE

Emily Lasater

5/30/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **LASATER, EMILY - To live 6**
 STREET ADDRESS **9936 INDIAN KEY TRL**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** Change Addition
 NAME **HERRING, Robin**
 STREET ADDRESS **12358 Monarch Circle**
 CITY-ST-ZIP **Seminole, Fl. 33772**

TITLE **D** Delete
 NAME **~~JOHNS, OWEN~~ JOHNS, Faith**
 STREET ADDRESS **546 CRYSTAL DR**
 CITY-ST-ZIP **SAINT-PETERSBURG FL-33708**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DULIN, H. THOMAS**
 STREET ADDRESS **12894 -90TH TERR N.**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** Change Addition
 NAME **MILESKI, Ted**
 STREET ADDRESS **13945 105th Ave. N.**
 CITY-ST-ZIP **Largo, Fl. 33774**

TITLE **D** Delete
 NAME **FULLERTON, KEN**
 STREET ADDRESS **14445 OAK GLEN DRIVE**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** Change Addition
 NAME **OVERTON, Dolores**
 STREET ADDRESS **8202 132nd St. N.**
 CITY-ST-ZIP **Seminole, Fl. 33776**

TITLE **D** Delete
 NAME **DOYLE, WILLIAM**
 STREET ADDRESS **1149 -131ST AVE N.**
 CITY-ST-ZIP **LARGO FL 33778**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SPEARS, RUTH**
 STREET ADDRESS **441 BATH CLUB BLVD N.**
 CITY-ST-ZIP **N. REDDINGTON BCH FL 33708**

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:

Emily Lasater **EMILY LASATER**
 SR. WARDEN

5/30/00

Date

227 391 4313

Daytime Phone #

CR2E037 (9/93)