

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

0012482

**DOCUMENT # N18114**

1. Entity Name

**ST. ANNE OF GRACE EPISCOPAL CHURCH INC.**



08-06-2001 90005 046 \*\*\*\*61.25

Principal Place of Business 6660-113TH STREET NORTH SEMINOLE FL 33772 US	Mailing Address 6660-113TH STREET NORTH SEMINOLE FL 33772 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-2368486</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent

**LASATER, EMILY**  
**9936 INDIAN KEY TRAIL**  
**SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

Name **TED MILESKI (SR. WARDEN)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13945 105TH AVE. N.**  
 City **LARGO** FL Zip Code **33774**

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 *Ted Mileski* DATE **25 July 2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LASATER, EMILY</b>	
STREET ADDRESS	<b>9936 INDIAN KEY TRL</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33776</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNS, OWEN</b>	
STREET ADDRESS	<b>548 CRYSTAL DR</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33708</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DULIN, H. THOMAS</b>	
STREET ADDRESS	<b>12894 90TH TERR N.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FULLERTON, KEN</b>	
STREET ADDRESS	<b>14445 OAK GLEN DRIVE</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOYLE, WILLIAM</b>	
STREET ADDRESS	<b>1149 -131ST AVE N.</b>	
CITY-ST-ZIP	<b>LARGO FL 33778</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPEARS, RUTH</b>	
STREET ADDRESS	<b>441 BATH CLUB BLVD N.</b>	
CITY-ST-ZIP	<b>N. REDDINGTON BCH FL 33708</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTA REHM</b>	
STREET ADDRESS	<b>8577 LANTANA DR.</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAY NOELL</b>	
STREET ADDRESS	<b>8273 FOREST CIRCLE</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33776</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRISTINA GLEATON</b>	
STREET ADDRESS	<b>12066 86TH AVE. N.</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBIN HERRING</b>	
STREET ADDRESS	<b>12358 MONARCH CIRCLE</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLORES OVERTON</b>	
STREET ADDRESS	<b>8202 132ND ST. N.</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33776</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAY TUNNELL</b>	
STREET ADDRESS	<b>9949 INDIAN KEY TRAIL</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33776</b>	

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: *Ted Mileski* DATE: **25 July 01 392-4403**

CP2E037 (5/01)