

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18114

1. Entity Name

ST. ANNE OF GRACE EPISCOPAL CHURCH INC.

02 OCT 25 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

FEI Number	Applied For
59-2368486	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MILESKI, TED
13945 105TH AVE N
LARGO FL 33774

delete Rev. Harry Hughes
12470 104 Terr. No.
LARGO, FL 33778

7. Name and Address of New Registered Agent

Name: *Rev. Harry Hughes*

Street Address (P.O. Box Number is Not Acceptable): *12470 104 Terr. No*

City: *LARGO* FL Zip Code: *33778*

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: *Rev. Harry Hughes* *The Rev. Harry Hughes* 10-22-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	NAME	REHM, ROBERTA	STREET ADDRESS	8577 LANTANA DR	CITY-ST-ZIP	SEMINOLE FL 33777	<input type="checkbox"/> Delete
TITLE	D	NAME	NOEL, JAY L	STREET ADDRESS	8273 FOREST CIRCLE	CITY-ST-ZIP	SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	OVERTON, DOLORES	STREET ADDRESS	8202 132ND ST N	CITY-ST-ZIP	SEMINOLE FL 33776	<input type="checkbox"/> Delete
TITLE	D	NAME	GLEATON, KRISTINA	STREET ADDRESS	12068 86TH AVE N	CITY-ST-ZIP	SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE	D	NAME	HERRING, ROBIN	STREET ADDRESS	12068 86TH AVE N	CITY-ST-ZIP	SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE	D	NAME	RAY, TUNNELL	STREET ADDRESS	9949 INDIAN KEY TRAIL	CITY-ST-ZIP	SEMINOLE FL 33776	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Dan Morgan	STREET ADDRESS	9762 34 AVE NO.	CITY-ST-ZIP	ST. PETERSBURG FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	Mike Tonnell	STREET ADDRESS	8435 YORK ST NO	CITY-ST-ZIP	ST. PETERSBURG, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	Cindy McNeave	STREET ADDRESS	7883 SUNDOWN DR.	CITY-ST-ZIP	ST. PETERSBURG, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DP	NAME	Rev. Harry Hughes	STREET ADDRESS	12470 104 Terr No	CITY-ST-ZIP	LARGO, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (4/02)

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. Harry Hughes* *The Rev. Harry Hughes* 9-12-02

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #