


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State

08-20-2004 90007 035 ****61.25

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DOCUMENT # N18114			
1. Entity Name ST. ANNE OF GRACE EPISCOPAL CHURCH INC.			
Principal Place of Business <i>CORRECTION</i>		Mailing Address	
(6660) 113TH STREET NORTH SEMINOLE FL 33772 US		(6660) 113TH STREET NORTH SEMINOLE FL 33772 US	
2. Principal Place of Business <i>6650 113th St. NO</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2368486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUGHES, HARRY 4525 COVE CIRCLE, APT 1206 SAINT PETERSBURG FL 33708		Name <i>DAVID LYONS</i> Street Address (P.O. Box Number is Not Acceptable) <i>6650 113th STREET NORTH</i> City <i>SEMINOLE</i> FL Zip Code <i>33772</i>	
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 <i>David Lyons</i>		DATE <i>8-18-2004</i>	
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 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REHM, ROBERTA 8577 LANTANA DR SEMINOLE FL 33777 <i>TREASURER</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>LYONS, DAVID</i> <i>6650 113th STREET NORTH</i> <i>SEMINOLE FL 33772</i> <i>office Administrator</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TUNNELL, MIKE 2435 YORK STREET NORTH SAINT PETERSBURG FL 33710 <i>Board of Directors</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MALOY, JIM <i>President</i> 11763 CAMPTIER WAY SEMINOLE FL 33772 <i>Senior Warden</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GLEATON, KRISTINA 12068 86TH AVE N SEMINOLE FL 33772 <i>left church</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCNEAVE, CINDY <i>Secretary</i> 7883 SUNDOWN DRIVE BLAINE TN 37709 <i>Board of Directors</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RAY, TUNNELL 9949 INDIAN KEY TRAIL SEMINOLE FL 33776 <i>deceased</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>QUERTON, WILLIAM</i> <i>8102 132nd STREET NORTH</i> <i>SEMINOLE FLORIDA 33776</i> <i>WARDEN</i>
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: <i>David Lyons</i>		DATE: <i>8-18-2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <i>727 392 4483</i>	

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MOORE CR2E037 (4/04)