


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N18114

1. Entity Name
ST. ANNE OF GRACE EPISCOPAL CHURCH INC.



Principal Place of Business Mailing Address

6650 113TH STREET NORTH **6650 113TH STREET NORTH**
SEMINOLE, FL 33772 US **SEMINOLE, FL 33772 US**



04302006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2368486 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LYONS, DAVID
6050 113TH STREET NORTH
SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

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: *David Lyons* DATE: **5-9-2006**

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REHM, ROBERTA 8577 LANTANA DR SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSW MALOY, JIM 11763 CAMPTIER WAY SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFA LYONS, DAVID 6650 113TH STREET NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W OVERTON, WILLIAM 8202 132ND STREET NORTH SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/20/06-80106-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Roberta D. Rehm* DATE: **5/9/06** DAYTIME PHONE #: **727-392-4482**

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