

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2009
Secretary of State**

DOCUMENT# N18114

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

Current Principal Place of Business:

6650 113TH STREET NORTH
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

6650 113TH STREET NORTH
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 59-2368486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, DAVID
6650 113TH STREET NORTH
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: REHM, ROBERTA
Address: 8577 LANTANA DR
City-St-Zip: SEMINOLE, FL 33777

Title: PSW () Delete
Name: MALOY, JIM
Address: 11763 CAMPTIER WAY
City-St-Zip: SEMINOLE, FL 33772

Title: OFFA () Delete
Name: LYONS, DAVID
Address: 6650 113TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: W () Delete
Name: OVERTON, WILLIAM
Address: 8202 132ND STREET NORTH
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSW (X) Change () Addition
Name: MALOY, JIM
Address: 11763 CAMPHOR WAY
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA REHM

DT

04/22/2009

Electronic Signature of Signing Officer or Director

Date