



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90034 006 \*\*\*\*61.25

<b>DOCUMENT # N48330</b> 1. Entity Name <b>THE HOLY FAMILY EPISCOPAL CHURCH INCORPORATED</b>					
Principal Place of Business <b>1010 NORTH HIAWASSEE ROAD ORLANDO, FL 32818</b>				Mailing Address <b>1010 NORTH HIAWASSEE ROAD ORLANDO, FL 32818</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  04302007    Chg-NP    CR2E037 (12/06)	
City & State		City & State			
Zip                      Country		Zip                      Country			
4. FEI Number <b>59-2280205</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ROBERTS, DELROSE 8521 DANVERS COURT ORLANDO, FL 32818</b>	
7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD <b>ROBERTS, DELROSE</b> <input type="checkbox"/> Delete STREET ADDRESS <b>8521 DANVERS COURT</b> CITY-ST-ZIP <b>ORLANDO, FL 32818</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VD <b>BLACKSTOCK, JOHN</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>2512 TRYON PLACE</b> CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	TITLE	VD <b>PATRICE ALLISON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>8002 SWEET GUM LOOP</b> CITY-ST-ZIP <b>ORLANDO, FL 32835</b>		
TITLE	SD <b>ROSE, HEATHER</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>7325 EDNITAS WAY</b> CITY-ST-ZIP <b>ORLANDO, FL 32818</b>	TITLE	SD <b>KATHLEEN GLACE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>P.O. BOX 683502</b> CITY-ST-ZIP <b>ORLANDO, FL 32868</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	TD <b>LIONEL WILLIAMS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>12206 WINDERMERE CROSSING CIRCLE</b> CITY-ST-ZIP <b>WINTER GARDEN, FL 34787</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Lionel Williams</u> <b>LIONEL WILLIAMS</b> <u>4/30/2007</u> <u>407-467-1741</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					