

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90037 027 ****61.87

DOCUMENT # N48330

1. Entity Name
**THE HOLY FAMILY EPISCOPAL CHURCH
INCORPORATED**



Principal Place of Business
**1010 NORTH HIAWASSEE ROAD
ORLANDO, FL 32818**

Mailing Address
**1010 NORTH HIAWASSEE ROAD
ORLANDO, FL 32818**



03232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2280205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, DELROSE
8521 DANVERS COURT
ORLANDO, FL 32818**

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, DELROSE
STREET ADDRESS	8521 DANVERS COURT
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	VD
NAME	ALLISON, PATRICE
STREET ADDRESS	8002 SWEET GUM LOOP
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	SD
NAME	GLACE, KATHLEEN
STREET ADDRESS	PO BOX 683502
CITY-ST-ZIP	ORLANDO, FL 32868
TITLE	TD
NAME	WILLIAMS, LIONEL
STREET ADDRESS	12206 WINDERMERE CROSSING CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Delrose Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #