FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:55

DOCUMENT # N49654 (9)

1. Corporation Name

THE ANGLICAN CATHOLIC CHURCH OF THE RESURRECTION , INCORPORATED

Principal Place of Business	Mailing Address
ODEN CHAPEL 401 S.E. 19TH AVE. OCALA FL 34471 US	2306 SE 20TH CIRCLE OCALA FL 32671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-3134042 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MORRIS, CHARLES E.
2306 SE 20TH CIRCLE
OCALA FL 32671

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles E. Morris CHARLES E. MORRIS, LTC, USA, Ret. 18 January 1995
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required by law. (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, ROBERT C.	1.2 NAME	
STREET ADDRESS	390 GLENDENING RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, CHARLES E.	2.2 NAME	
STREET ADDRESS	2306 SE 20TH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, BONNIE J.	3.2 NAME	
STREET ADDRESS	2306 S.E. 20TH CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMMEAL, JENIFER	4.2 NAME	
STREET ADDRESS	5100 SE 7TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, KAREN M.	5.2 NAME	
STREET ADDRESS	5282 WHITESAND CIR., N.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, FRANKLIN	6.2 NAME	
STREET ADDRESS	7660 N.W. 46TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHARLES E. MORRIS, LTC, USA, Ret. 18 January 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)
Sr. Senior Warden (VP) & Treasurer

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