

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49654

1. Entity Name

THE ANGLICAN CATHOLIC CHURCH OF THE RESURRECTION

Principal Place of Business

Mailing Address

ODEN CHAPEL
401 S.E. 19TH AVE.
OCALA FL 34471
US

2306 SE 20TH CIRCLE
OCALA FL 34471-8305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3134042

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MORRIS, CHARLES E.
2306 SE 20TH CIRCLE
OCALA FL 32871

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.

SIGNATURE

Charles E. Morris
CHARLES E. MORRIS DVT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME HAVERLAND, MARK REV
STREET ADDRESS 460 COBB ST.
CITY-ST-ZIP ATHENS GA 30606

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVT ☐ Delete
NAME MORRIS, CHARLES E.
STREET ADDRESS 2306 SE 20TH CIRCLE
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORRIS, BONNIE J.
STREET ADDRESS 2306 S.E. 20TH CIRCLE
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SPRAGUE, JOAN
STREET ADDRESS 20723 SW 46TH AVE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME BENNETT, KAREN M.
STREET ADDRESS 5282 WHITESAND CIR., N.E.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SIMPSON, HOWARD A
STREET ADDRESS 287 W QUEENSUP CT
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles E. Morris
CHARLES E. MORRIS DVT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2000 (352) 622-8331

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90071 031 ****61.25



DO NOT WRITE IN THIS SPACE