

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90117 002 \*\*\*\*61.25

**DOCUMENT # N49654**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3134042**

Applied For

Not Applicable

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

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

Name

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

City

**FL**

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.

SIGNATURE

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

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

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

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCEARCHERN, JOYCE**  
CITY-ST-ZIP **116 NE 31ST AVENUE  
OCALA FL 34470-1211**

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

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

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

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

TITLE ☒ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **John T. Arena**  
CITY-ST-ZIP **7867 SW 115 Place  
Ocala, FL 34476**

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

TITLE ☐ Change ☐ Addition  
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, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/02

352.622-8331

Date Daytime Phone #

CR2E037 (9/01)