

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90030 039 ****61.25

DOCUMENT # N49654

1. Entity Name
**THE ANGLICAN CATHOLIC CHURCH OF THE
RESURRECTION, INCORPORATED**



Principal Place of Business
**ODEN CHAPEL
401 S.E. 19TH AVE.
OCALA, FL 34471 US**

Mailing Address
**2306 SE 20TH CIRCLE
OCALA, FL 32671**

60015736



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006

Chg-NP

CR2E037 (11/05)

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. 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
NAME **WYLAND, KEITH**
STREET ADDRESS **15 JUNIPER PASS COURSE**
CITY-ST-ZIP **OCALA, FL 34472**

TITLE **D** ☐ Delete
NAME **WILKNS, LEONARD**
STREET ADDRESS **576 BAHIA CIRCLE LANE**
CITY-ST-ZIP **OCALA, FL 34472**

TITLE **D** ☐ Delete
NAME **SPRAGUE, JOAN**
STREET ADDRESS **4106 SE 130TH STREET**
CITY-ST-ZIP **NEWBERRY, FL 32669**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MOST REV.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
NAME **Patrick W. McCleery**
STREET ADDRESS **14889 SE 47 Court**
CITY-ST-ZIP **Summerfield, FL 34491**

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

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

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

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: CHARLES E. MORRIS VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2006 (302) 622-8331
Date Daytime Phone #