


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49654</b>	
1. Entity Name <b>THE ANGLICAN CATHOLIC CHURCH OF THE RESURRECTION, INCORPORATED</b>	

Principal Place of Business <b>ODEN CHAPEL 401 S.E. 19TH AVE. OCALA, FL 34471 US</b>	Mailing Address <b>2306 SE 20TH CIRCLE OCALA, FL 32671</b>
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02072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3134042</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>HAVERLAND, MARK RT. REV</b>
NAME	<b>460 COBB ST.</b>
STREET ADDRESS	<b>ATHENS, GA 30606</b>
CITY-ST-ZIP	
TITLE <b>DVT</b>	<b>MORRIS, CHARLES E.</b>
NAME	<b>2306 SE 20TH CIRCLE</b>
STREET ADDRESS	<b>OCALA, FL</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>MCCLEERY, PATRICK W</b>
NAME	<b>14889 SE 47 CT</b>
STREET ADDRESS	<b>SUMMERFIELD, FL 34491</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>WILKNS, LEONARD</b>
NAME	<b>576 BAHIA CIRCLE LANE</b>
STREET ADDRESS	<b>OCALA, FL 34472</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>SPRAGUE, JOAN</b>
NAME	<b>4106 SE 130TH STREET</b>
STREET ADDRESS	<b>NEWBERRY, FL 32669</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>SIMPSON, HOWARD A</b>
NAME	<b>287 W QUEENSUP CT</b>
STREET ADDRESS	<b>BEVERLY HILLS, FL 34466</b>
CITY-ST-ZIP	

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IN THIS SPACE**

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02/19/07-80036-010 61.25

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 **CHARLES E. MORRIS VP/Treas** 2/08/07 **(352) 622-8337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #