

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90003 046 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 02212008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3134042	Applied For Not Applicable
6. Name and Address of Current Registered Agent MORRIS, CHARLES E. 2306 SE 20TH CIRCLE OCALA, FL 32671				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERLAND, MARK RT. REV		NAME	The Rev Charles W. McCleery, Sr	
STREET ADDRESS	460 COBB ST.		STREET ADDRESS	14880 SE 47th Court	
CITY-ST-ZIP	ATHENS, GA 30606		CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	DVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, CHARLES E.		NAME		
STREET ADDRESS	2306 SE 20TH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEERY, PATRICK W		NAME		
STREET ADDRESS	14889 SE 47 CT		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKNS, LEONARD		NAME	WILKINS, Clarence	
STREET ADDRESS	576 BAHIA CIRCLE LANE		STREET ADDRESS	516 Bahia Circle Lane	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	Ocala, FL 34472	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAGUE, JOAN		NAME		
STREET ADDRESS	4106 SE 130TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, HOWARD A		NAME		
STREET ADDRESS	287 W QUEENSUP CT		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		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: 				Date: 2/23/08 (352) 622-8331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
CHARLES E. MORRIS, LEGAL USA, Ret.					