


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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3134042	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAVERLAND, MARK RT. REV <input checked="" type="checkbox"/> Delete 460 COBB ST. ATHENS, GA 30606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition The Rev Charles W. McCleery, Sr. 14880 SE 47th Court Summerfield, FL 34491	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT MORRIS, CHARLES E. <input type="checkbox"/> Delete 2306 SE 20TH CIRCLE OCALA, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLEERY, PATRICK W <input type="checkbox"/> Delete 14889 SE 47 CT SUMMERFIELD, FL 34491		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete WILKINS, LEONARD 576 BAHIA CIRCLE LANE OCALA, FL 34472		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILKINS, Clarence 516 Bahia Circle Lane Ocala, FL 34472	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SPRAGUE, JOAN 4106 SE 130TH STREET NEWBERRY, FL 32669		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SIMPSON, HOWARD A 287 W QUEENSUP CT BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Charles E. Morris</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/23/08 (352) 622-8331 Date Daytime Phone #		
CHARLES E. MORRIS, LEGAL USA, Ret.					