

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90182 048 ****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**

10010252



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3134042**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HAVERLAND, MARK RT. REV	
STREET ADDRESS	460 COBB ST.	
CITY-ST-ZIP	ATHENS GA 30606	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MORRIS, CHARLES E.	
STREET ADDRESS	2306 SE 20TH CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCEARCHERN, JOYCE	
STREET ADDRESS	116 NE 31ST AVENUE	
CITY-ST-ZIP	OCALA FL 34470-1211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, JOAN	
STREET ADDRESS	20723 SW 46TH AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ARENA, JOHN T	
STREET ADDRESS	7867 SW 115 PL	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, HOWARD A	
STREET ADDRESS	287 W QUEENSUP CT	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Wyland	
STREET ADDRESS	15 Juniper Pass Course	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonard Wilkins	
STREET ADDRESS	516 Bahia Circle Lane	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Hanson	
STREET ADDRESS	9901 State Hwy 314 #193	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required

1/21/03

352-622-8331

CR2E037 (10/02)