SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:36

DOCUMENT # N93000002327 (5)

1. Corporation Name

ANGLICAN FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
8759 PORT RICHEY VILLAGE LOOP ROAD PORT RICHEY FL 34668	8759 PORT RICHEY VILLAGE LOOP ROAD PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-3187099 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TEPPENPAW, CLAY
5707 GULF DR. #3
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: CLAY TEPPENPAW
82 Street Address (P.O. Box Number is Not Acceptable): 8759 Port Richey Village Loop Rd
83:
84 City: Port Richey FL 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Clay Teppenpaw 6-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	CLAY TEPPENPAW	☒ Change ☐ Addition
NAME	TEPPENPAW, CLAY	12 NAME	8759 Port Richey Village Loop Rd	
STREET ADDRESS	5707 GULF DR. #3	13 STREET ADDRESS	Port Richey, FL 34668	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	FREELAND, EDWIN P	22 NAME		
STREET ADDRESS	6116 FLORIDA AVE	23 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	24 CITY-ST-ZIP		
TITLE	DST	31 TITLE	LINDA TEPPENPAW	☒ Change ☐ Addition
NAME	TEPPENPAW, LINDA S	32 NAME	8759 Port Richey Village Loop Rd	
STREET ADDRESS	5707 GULF DR. #3	33 STREET ADDRESS	Port Richey, FL 34668	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CLAY TEPPENPAW Clay Teppenpaw 6-5-95 (813)848-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016763