

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

PO BOX 537  
PORT RICHEY FL 34668  
US

3. Date Incorporated or Qualified

05/20/1993

4. FEI Number

59-3187099

Applied For

Not Applicable

2. Principal Place of Business

21 6110 FLORIDA AVE

2a. Mailing Address

28 6110 FLORIDA AVE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

New Port Richey

28 City & State

New Port Richey

24 Zip

34653

25 Country

USA

29 Zip

34653

30 Country

USA

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. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

TEPPENPAW, CLAY  
8759 PORT RIDGE CILLAGE LOOP RD  
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)

6110 FLORIDA AVE

83

84 City

New Port Richey

FL

85 Zip Code

34653

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, Pres.

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME TEPPENPAW, CLAY  
STREET ADDRESS 8759 PORT RICHEY VILLAGE LOOP RD  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DV  
NAME FREELAND, EDWIN P  
STREET ADDRESS 6110 FLORIDA AVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE DST  
NAME TEPPENPAW, LINDA S  
STREET ADDRESS 8759 PORT RICHEY VILLAGE LOOP RD  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE PRES  
1.2 NAME DP  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DV  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DST  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

PRESIDENT  
CLAY TEPPENPAW  
6110 FLORIDA AVE  
New Port Richey FL 34653

V. PRESIDENT  
EDWIN P. FREELAND  
6110 FLORIDA AVE  
New Port Richey FL 34653

Sec/Treas  
LINDA S. TEPPENPAW  
6110 FLORIDA AVE  
New Port Richey FL 34653

14. 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 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, Pres. 5-25-98 (013)B49-3746

CR2E037 (10/97)