

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002327

1. Entity Name

ANGLICAN FAMILY SERVICES, INC.

Principal Place of Business

6110 FLORIDA AVENUE
NEW PORT RICHEY FL 34653
US

Mailing Address

6110 FLORIDA AVENUE
NEW PORT RICHEY FL 34653
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3187099

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEPPENPAW, CLAY
6110 FLORIDA AVENUE
NEW PORT RICHEY FL 34653

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TEPPENPAW, CLAY
STREET ADDRESS 6110 FLORIDA AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

TITLE DV
NAME FRELAND, EDWIN P
STREET ADDRESS 6116 FLORIDA AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☒ Delete **DECEASED**

TITLE DST
NAME TEPPENPAW, LINDA S
STREET ADDRESS 6110 FLORIDA AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

TITLE DV
NAME CONNIE LEE YOUNG
STREET ADDRESS 6110 FLORIDA AVE
CITY-ST-ZIP NEW PORT RICHEY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

TEPPENPAW, CLAY

6-14-01 (727) 849-3766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-16-2001 90035 022 ***61.25

75218



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)