


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003547**  
 1. Entity Name  
**THE TRADITIONAL EPISCOPAL CHURCH, INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**5720 NW 62ND MANOR** **5720 NW 62ND MANOR**  
**PARKLAND, FL 33067 US** **PARKLAND, FL 33067 US**

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)

4. FCI Number <b>59-3197879</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ERBELDING, JOHN S BISHOP**  
**5720 NW 62ND MANOR**  
**PARKLAND, FL 33067**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STRAUSS, NORMAN BISHOP 79 KINGSBORO AVE GLOVERSVILLE, NY 12078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ERBELDING, JOHN S BISHOP 5720 NW 62ND MANOR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, GEORGE 105 S CHERRY GROVE AVE ANNAPOLIS, MD 21401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000259390  
 03/11/05-80023-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 telemonitored.

SIGNATURE: *Norman Strauss* **3/5/05 (518) 773-8571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR