FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 APR 12 PM 12:15

DOCUMENT # **N94000005176 (2)**

1. Corporation Name
ST. PAULS ANGLICAN CHURCH, INC.

Principal Place of Business	Mailing Address
21 SUNTREE PLACE MELBOURNE FL 32940	21 SUNTREE PLACE MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:
4. FEI Number: 59-3276703 ☐ Applied For ☐ Not Applicable

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

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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KITE-POWELL, RUFUS B REV.
21 SUNTREE PLACE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rufus B. Kite-Powell+ 4-5-95
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	KITE-POWELL, RUFUS B REV.	12 NAME		
STREET ADDRESS	21 SUNTREE PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	SCHENCK, JAY G.M.	22 NAME		
STREET ADDRESS	3815 N. INDIAN RIVER DRIVE	23 STREET ADDRESS		RK-P
CITY-ST-ZIP	COCOA FL 32922	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	T.D	☒ Change ☐ Addition
NAME	WOOLLACOTT, PAUL	32 NAME	COOTE, WILBUR	
STREET ADDRESS	605 DAWSON DRIVE	33 STREET ADDRESS	649 CASA GRANDE DR	
CITY-ST-ZIP	MELBOURNE FL 32940	34 CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LAZENBY, ELENOR M	42 NAME		
STREET ADDRESS	1167 SAND DUNE LANE, #206	43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PENNINGTON, BOB	52 NAME		
STREET ADDRESS	1522 FRONTIER DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HIGBIE, SUSAN	62 NAME		
STREET ADDRESS	3512 SAMUEL PLACE	63 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934	64 CITY-ST-ZIP		

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: Wilbur Coote WILBUR COOTE 4/6/95 459-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004744