# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **N94000005176 (2)**

1. Corporation Name

**ST. PAULS ANGLICAN CHURCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 21 SUNTREE PLACE<br>MELBOURNE FL 32940 | 21 SUNTREE PLACE<br>MELBOURNE FL 32940 |

3. Date Incorporated or Qualified: **10/19/1994**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business
21
22
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-3276703** ☐ 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

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KITE-POWELL, RUFUS B REV. | | 1.2 NAME | |
| STREET ADDRESS | 21 SUNTREE PLACE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL 32940 | | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHENCK, JAY G.M. | | 2.2 NAME | |
| STREET ADDRESS | 3815 N. INDIAN RIVER DRIVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL 32922 | | 2.4 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | COOTE, WILBUR | | 3.2 NAME | |
| STREET ADDRESS | 623 CASA GRANDE DR | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | LAZENBY, ELENOR M | | 4.2 NAME | |
| STREET ADDRESS | 1167 SAND DUNE LANE, #206 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | PENNINGTON, BOB | | 5.2 NAME | |
| STREET ADDRESS | 1522 FRONTIER DRIVE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL 32940 | | 5.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | HIGBIE, SUSAN | | 6.2 NAME | |
| STREET ADDRESS | 3512 SAMUEL PLACE | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | | 6.4 CITY-ST-ZIP | |

CR2E037 (12/95)

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)(k), 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 TREASURER Wilbur Coote 4/3/96 407-254-9-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #