



FILED
May 04, 2004 8:00 am
Secretary of State

44044417

DOCUMENT # N95000000488				Secretary of State 05-04-2004 90215 034 ****61.25	
1. Entity Name ALL SOULS UNITED EPISCOPAL CHURCH OF WEST PASCO COUNTY, INC.					
Principal Place of Business 6936 AMARILLO ST. PORT RICHEY, FL 34668 US		Mailing Address 6936 AMARILLO ST. PORT RICHEY, FL 34668 US		44044417 	
2. Principal Place of Business 6611 U. Stw 19 NORTH Suite, Apt. #, etc. 504 City & State NEW PORT RICHEY, FL Zip 34652 Country U.S.A		3. Mailing Address 6611 U. Stw 19 NORTH Suite, Apt. #, etc. 504 City & State NEW PORT RICHEY Zip 34652 Country U.S.A		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		6. Certificate of Status Desired <input type="checkbox"/>		7. Certificate of Status Desired <input type="checkbox"/>	
8. Name and Address of Current Registered Agent SKIPPER, MAX 6936 AMARILLO ST. PORT RICHEY, FL 34668		9. Name and Address of New Registered Agent SKIPPER, MAX 6936 AMARILLO ST. PORT RICHEY, FL 34668		10. Name and Address of New Registered Agent SKIPPER, MAX 6936 AMARILLO ST. PORT RICHEY, FL 34668	
11. 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.		12. 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.		13. 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 Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPT SKIPPER, MAX 6936 AMARILLO ST PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DPT SKIPPER, MAX 6936 AMARILLO ST PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DPT SKIPPER, MAX 6936 AMARILLO ST PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SADOWSKI, KIRK 8710 ST. REGIS LN. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D SADOWSKI, KIRK 8710 ST. REGIS LN. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D SADOWSKI, KIRK 8710 ST. REGIS LN. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RILEY, SARAH 8543 GREEN ST. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D RILEY, SARAH 8543 GREEN ST. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D RILEY, SARAH 8543 GREEN ST. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DENNEWITZ, JOHN 10227 OLEANDER DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D DENNEWITZ, JOHN 10227 OLEANDER DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D DENNEWITZ, JOHN 10227 OLEANDER DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D TOWERS, ANNE 6420 PENSIVE DR. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D TOWERS, ANNE 6420 PENSIVE DR. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D TOWERS, ANNE 6420 PENSIVE DR. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D TOWERS, ANNE 6420 PENSIVE DR. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D TOWERS, ANNE 6420 PENSIVE DR. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D TOWERS, ANNE 6420 PENSIVE DR. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	
13. 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.		13. 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.		13. 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: max skipper		SIGNATURE: max skipper		SIGNATURE: max skipper	
Date: 4-27-04		Date: 4-27-04		Date: 4-27-04	
Daytime Phone # 849-0032		Daytime Phone # 849-0032		Daytime Phone # 849-0032	