2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90279 006 ****61.25

DOCUMENT # N95000000488

1. Entity Name
ALL SOULS UNITED EPISCOPAL CHURCH OF WEST PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
6611 US HWY 19 NORTH NEW PORT RICHEY, FL 34652 US	6611 US HWY 19 NORTH NEW PORT RICHEY, FL 34652 US

04222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
DAV Hall	6936 Amarillo St.
Suite, Apt. #, etc. 6711 Jefferson St.	Suite, Apt. #, etc. Port Richey
City & State New Port Richey, FL	City & State FL
Zip / Country 34652 / USA	Zip / Country 34668 / USA

4. FEI Number
NOT APPLICABLE
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKIPPER, MAX 6936 AMARILLO ST. PORT RICHEY, FL 34668	Name: SAME 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. 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 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CADDIGAN, THOMAS D 9143 HAWKINS CT NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Error YOUNG, ADA 5727 BISCAYNE CT. #205 NEW PORT RICHEY, FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNEWITZ, DAVID JD 9911 AQAURIUS STREET PORT RICHEY, FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Error SARAH B. RILEY 8853 COCHISE LANE PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOWERS, ANNE 6420 PENSIVE DR. PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNEWITZ, JOHN DAVID JR. 9911 AQUARIUS DRIVE, APT. 4 PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Error VITALE, VERA 7334 ABINGTON AVE. NEW PORT RICHEY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FATHER MAX E. SKIPPER 6936 AMARILLO ST. PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Father max E. Skipper 4/25/05 (727) 849-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #