


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

05-10-2007 90030 016 \*\*\*\*\*61.25

N95000000488

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY 30 AM 10:40

DOCUMENT # N95000000488 1. Entity Name  St. Peter's Anglican Church of West Pasco County Inc.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 6219 River Road  Suite, Apt. #, etc.	3. Mailing Address 6936 Amarillo Street  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State New Port Richey, Fl.	City & State Port Richey, Fl.	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34652	Country Pasco	Zip 34668	Country Pasco
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <b>SKIPPER, MAX</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>6936 AMARILLO ST</b>		
	City <b>PORT RICHEY</b>	FL	Zip Code <b>34668</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) \_\_\_\_\_ DATE \_\_\_\_\_

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE P NAME Father Max Skipper STREET ADDRESS 6936 AMARILLO ST. CITY-ST-ZIP PORT RICHEY FL 34668	TITLE VP NAME Patricia A. Duncan STREET ADDRESS 7901 Lightfoot Dr. CITY-ST-ZIP New Port Richey, FL 34653	TITLE TD NAME Eliora Vitale STREET ADDRESS 7334 ABINGTON AVE. CITY-ST-ZIP NEW PORT RICHEY FL 34655	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE S NAME Dorothy Bennewitz STREET ADDRESS 6310 KELLER DR. CITY-ST-ZIP PORT RICHEY, FL 34668	TITLE D NAME ANNE Towers STREET ADDRESS 6420 Pensive Dr. CITY-ST-ZIP Port Richey, Fl. 34668	TITLE D NAME Timothy Hodge STREET ADDRESS 6116 Madison St. CITY-ST-ZIP NEW PORT RICHEY, FL 34652	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Father Max Skipper Date: 4/20/07 727-849-7803

CR2E037B (12/02)