2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

1. Entity Nam	ER'S ANGLICAN CHURCH (04-21-2008 900	•							
6219 RIVER	ce of Business ROAD RICHEY, FL 34652 US	8 US	() 100 () ()	ia salai aiki aaki aski gaki aa	51 22 (1) 23 (1) 2(23) (2(2)	150 4: 6: 186 5					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	4 DELAWARE AV	Suite, Apt. #, etc.	*	04112008	Chg-NP - C	R2E037 (12/06)^	. `~				
NEW Stat	Port Richey, Fl.	City & State		4. FEI Numt NOT A	per PPLICABLE	No	oplied For ot Applicable				
3465	53 PASCO	Zip	Country			\$8.75 Add Fee Require					
-	6. Name and Address of Current R	legistered Agent	Nome		d Address of New Regis	stered Agent					
SKIPPER, 6936 AMA PORT RIC			Street Add	Street Address (P.D. Box Number is Not Acceptable)							
FOICH THE	/NET, I L 34000		184 City	O CORAL	Way, 47	h Floor	θ				
						<u> FL</u>					
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											
SIGNATURE	A	(NOTE: D		The state of the s							
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R	Registered Agent signature	e required when reinstating)		DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May		check payable to Department of Si					
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRI	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Added to Fees		check payable to Department of Si	tate				
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRI	9. Election Camp Trust Fund Co	paign Financing Intribution. [\$5.00 May Added to Fees	Florida	check payable to Department of Si	tate				
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRI P SKIPPER, MAX FR	9. Election Camp Trust Fund Cor	paign Financing entribution. C	\$5.00 May Added to Fees	Florida	check payable to Department of SI	tate				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

727-849-6708

Daytime Phon