2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90078 030 ****61.25

DOCUMENT # N95000000488

1. Entity Name
ST. PETER'S ANGLICAN CHURCH OF WEST PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
6219 RIVER ROAD NEW PORT RICHEY, FL 34652 US	6936 AMARILLO ST PORT RICHEY, FL 34668 US

04112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6414 DELAWARE AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State
Zip: 34653 Country: PASCO	Zip Country

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: SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 CORAL WAY, 4th FLOOR. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	P SKIPPER, MAX FR 6936 AMARILLO STREET PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUNCAN, PATRICIA A 7901 LIGHTFOOT DRIVE NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VITALE, ELVIRA 7334 ABINGTON AVENUE NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BENNEWITZ, DOROTHY 6310 KELLER DRIVE PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOWERS, ANNE 6420 PENSIVE DRIVE PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGE, TIMOTHY 6116 MADISON STREET NEW PORT RICHEY, FL 34652	☐ 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 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.

SIGNATURE: Mel Skipper 727-849-6708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #