

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000488

FILED
Jun 01, 2009
Secretary of State

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

Current Principal Place of Business:

6414 DELAWARE AVE
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

10337 U.S. 19
PORT RICHEY, FL 34668 US

Current Mailing Address:

6936 AMARILLO ST
PORT RICHEY, FL 34668 US

New Mailing Address:

3242 JAMESTOWN DR.
HOLIDAY, FL 34691 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, PA
1840 CORAL WAY, 4TH FLOOR
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKIPPER, MAX FR
Address: 6936 AMARILLO STREET
City-St-Zip: PORT RICHEY, FL 34668

Title: VP () Delete
Name: DUNCAN, PATRICIA A
Address: 7901 LIGHTFOOT DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD () Delete
Name: VITALE, ELVIRA
Address: 7334 ABINGTON AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: BENNEWITZ, DOROTHY
Address: 6310 KELLER DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: TOWERS, ANNE
Address: 6420 PENSIVE DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: HODGE, TIMOTHY
Address: 6116 MADISON STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SKIPPER, MAX FR
Address: 3242 JAMESTOWN DR.
City-St-Zip: HOLIDAY, FL 34691

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. DUNCAN

VP

06/01/2009

Electronic Signature of Signing Officer or Director

Date