

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90018 040 ****70.00

DOCUMENT # N95000001931					
1. Entity Name EPISCOPAL CHURCH OF ST. ANNE'S OF HALLANDALE, FLORIDA, INC.					
Principal Place of Business 705 NW 1ST AVE. HALLANDALE BEACH, FL 33009			Mailing Address 705 NW 1ST AVE. HALLANDALE BEACH, FL 33009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2016032	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JARRETT, JOHN J III 705 NW 1ST AVE. HALLANDALE BEACH, FL 33009			Name <u>Keithly R. S. Warner</u> Street Address (P.O. Box Number is Not Acceptable) <u>705 N.W. 1st Avenue</u> City <u>Hallandale Beach</u> FL Zip Code <u>33009</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 <u>Keithly R. S. Warner</u> <small>(Signature typed or printed name of registered agent and title if applicable.)</small>			DATE <u>3-12-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME JARRETT, JOHN J III STREET ADDRESS 705 NW 1ST AVE. CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE President NAME Keithly R. S. Warner STREET ADDRESS 705 N.W. 1st Ave. CITY-ST-ZIP Hallandale Beach FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME WELLS, RUTH STREET ADDRESS 705 NW 1ST AVE. CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Everett Neely STREET ADDRESS 705 N.W. 1st Avenue CITY-ST-ZIP Hallandale Beach FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE M NAME DORSETT, BERNARD STREET ADDRESS 705 NW 1ST AVE. CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME THOMAS, ALDWYN STREET ADDRESS 705 NW 1ST AVE. CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME SPARROCK, CHAROTTE STREET ADDRESS 705 NW 1ST AVE. CITY-ST-ZIP HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Keithly R. S. Warner</u> <u>KEITHLY R. S. WARNER</u> <u>3-12-08</u> <u>954-374-8806</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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