

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001931

FILED
Apr 06, 2009
Secretary of State

Entity Name: EPISCOPAL CHURCH OF ST. ANNE'S OF HALLANDALE, FLORIDA, INC.

Current Principal Place of Business:

705 NW 1ST AVE.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

705 NW 1ST AVE.
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 59-2016032 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WARNER, KEITHLY R
705 N.W. 1ST AVENUE
HALLANDALE, FL 33009 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: WARNER, KEITHLY R
Address: 705 N.W. 1ST AVE
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: NEELY, EVERETT
Address: 705 N.W. 1ST AVENUE
City-St-Zip: HALLANDALE, FL 33009

Title: M () Delete
Name: DORSETT, BERNARD
Address: 705 NW 1ST AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T () Delete
Name: THOMAS, ALDWYN
Address: 705 NW 1ST AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S () Delete
Name: SPARROCK, CHAROTTE
Address: 705 NW 1ST AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: M (X) Change () Addition
Name: NICHOLSON-DORSETT, JACKIE
Address: 705 NW 1ST AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

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: EVERETT NEELY

VP

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date