


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90024 010 ****61.25

DOCUMENT # N97000004245	
1. Entity Name ST. PHILIP'S ANGLICAN CHURCH, INC.	

Principal Place of Business C/O ALBRIGHT METHODIST CHURCH 2750 5TH AVE. NO. SAINT PETERSBURG FL 33713 US	Mailing Address P.O. BOX 11161 ST. PETERSBURG FL 33733-1161 US
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34033031



MOORE CR2E037 (11/03)

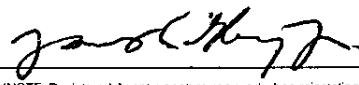
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3473382	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILFONG, KAREN 782 41ST AVE NE SAINT PETERSBURG FL 33703	
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7. Name and Address of New Registered Agent	
Name JAMES C. GIBSON JR	
Street Address (P.O. Box Number is Not Acceptable) 2755 DARTMOUTH AVE. NO.	
City ST PETERSBURG	Zip Code FL 33713

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. JAMES C. GIBSON JR.	
SIGNATURE 	DATE 04/08/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

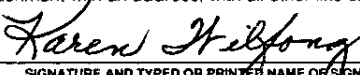
**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDMAN, JOHN B 4955 DARTMOUTH AVE. NO. SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VIEBROCK, CATHARINE 3531 37TH ST N SAINT PETERSBURG FL 33713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILFONG, KAREN 782 41ST AVENUE, NE ST PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELANSON, ROBERT 9930 56TH ST. N. PINELLAS PARK FL 33782 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBARGANES, MARY 6414 SANDPIPER WAY SO. SAINT PETERSBURG FL 33707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETERLE, ELIZABETH 13861 TERN LANE CLEARWATER FL 34622 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES C. GIBSON JR 2755 DARTMOUTH AVE. NO. ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NORMA GOFF 6556 17TH ST. N. ST PETERSBURG, FL 33702

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Treasurer**

04/08/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #