

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 29, 2000 08:00 AM

Secretary of State

DOCUMENT # N97000006042

1. Entity Name

THE ANGLICAN EVANGELICAL CHURCH OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

2780 E FOWLER AVE, STE 173

2780 E FOWLER AVE, STE 173

TAMPA
336126297

FL

TAMPA
336126297

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1677198

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGINLEY THOMAS P
10906 WINGATE DR

TAMPA
336245232

FL

US

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

06/29/2000

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HALL CATHERINE
STREET ADDRESS 5432 DEERBROOK CREEK CIRCLE #1
CITY-ST-ZIP TAMPA FL 336244158

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DOERR EDWIN
STREET ADDRESS RR #1, BOX 3862
CITY-ST-ZIP HAWKINSVILLE GA 310369757

TITLE D ☒ Change ☐ Addition
NAME HOPE JOHN C
STREET ADDRESS 20954 SW 85 PASSAGE
CITY-ST-ZIP MIAMI FL 331893326

TITLE PD ☐ Delete
NAME MCGINLEY THOMAS P
STREET ADDRESS 10906 WINGATE DR.
CITY-ST-ZIP TAMPA FL 336245232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCGINLEY DENISE
STREET ADDRESS 10906 WINGATE DR
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME PENNINGTON JOHN B
STREET ADDRESS STAR RT 2 TEX TRAILER CT, #3-A
CITY-ST-ZIP GREEN RIVER WY 82935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOECHE RAY REV.
STREET ADDRESS 727 MARSHALL AVE.
CITY-ST-ZIP LINCOLN NE 68510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.