

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90005 041 \*\*\*\*61.25

DOCUMENT # **N98000007134**

Corporation Name

**THE ANGLICAN CHURCH OF SS. PETER AND PAUL, INC.**

Principal Place of Business

**1130 FOX CHAPEL DRIVE  
LUTZ FL 33549**

Mailing Address

**1130 FOX CHAPEL DRIVE  
LUTZ FL 33549**

613443-90005-41



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/17/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3595444</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SEVERN, ARTHUR 1130 FOX CHAPEL DRIVE LUTZ FL 33549</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
1. NAME	2. TITLE	3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ROVELSTAD, REV. ROGER		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13781 JOYCE DRIVE		1.2 NAME	
LARGO FL 33774		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
SEVERN, ARTHUR F		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1130 FOX CHAPEL DRIVE		2.2 NAME	
LUTZ FL 33549		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
KEESLING, JOSEPH		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
24841 SILVERSMITH DRIVE		3.2 NAME	
LUTZ FL 33549		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ARTHUR F. SEVERN**

09/01/99

(352) 748-9240

CR2E037 (5/99)