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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # N98000007134 02-10-2004 90034 039 ****61.25 THE ANGLICAN CHURCH OF SS. PETER AND PAUL, Principal Place of Business Mailing Address 1130 FOX CHAPEL DRIVE LUTZ FL 33549 1130 FOX CHAPEL DRIVE LUTZ FL 33549 94013433 2. Principal Place of Business 3. Mailing Address 1123 BOWSPRIT LANG 1123 BOWSPRIT LANE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3595444 HoLiday, F-L HoLiday FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Thomas Howarth Street Address (P.O. Box Number is Not Acceptable) SEVERN, ARTHUR 1130 FOX CHAPEL DRIVE LUTZ FL 33549 1123 BONSPRIT LANE Zip Code 3469 1 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. formut Thomas Howard, Vice president **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENS ☐ Change ☐ Addition TITLE Delete TITLE ROVELSTAD, REV. ROGER NAME NAME 13781 JOYCE DRIVE STREET ADDRESS STREET ADDRESS LARGO FL-33774 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE Addition TATLE Delete THOMAS HOWARTH SEVERN, ARTHUR F NAME 1123 BOWSPRIT LN 1130 FOX CHAPEL DRIVE STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** Holiday, FL 34691 CITY-ST-ZIP CITY-ST-ZIP SEENTARY JUDIA - HOWARTH Delete Addition KEESLING, JOSEPH -NAME. NAME 1123 BOWSPRIT LN. 24841 SILVERSMITH DRIVE STREET ADDRESS STREET ADDRESS 740Liday, FL 34691 LUTZ FL 33549 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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.

FILED

Feb 10, 2004 8:00 am