


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90003 025 \*\*\*\*61.25

<b>DOCUMENT # N98000007134</b> 1. Entity Name <b>THE ANGLICAN CHURCH OF SS. PETER AND PAUL, INC.</b>			
Principal Place of Business <b>4123 BOWSPRIT LANE</b> <b>HOLIDAY, FL 34691</b>		Mailing Address <b>1123 BOWSPRIT LANE</b> <b>HOLIDAY, FL 34691</b>	
2. Principal Place of Business <b>2477 NASH ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2477 NASH ST.</b> Suite, Apt. #, etc.	
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>	
Zip <b>33761</b>		Zip <b>33761</b>	
Country		Country	
4. FEI Number <b>59-3595444</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HOWARTH, THOMAS</b> <b>4123 BOWSPRIT LANE</b> <b>HOLIDAY, FL 34691</b> <b>2477 NASH ST.</b> <b>CLEARWATER, FL 33761</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  SIGNATURE <u><i>Thomas R. Howarth</i></u> <b>Thomas R. Howarth</b> <span style="float: right;">8/22/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROVELSTAD, REV. ROGER 13781 JOYCE DRIVE LARGO, FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARTH, THOMAS 1123 BOWSPRIT LANE HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWARTH, JUDITH 1123 BOWSPRIT LANE HOLIDAY, FL 34691 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Thomas R. Howarth</i></u> <b>Thomas R. Howarth</b>		Date <u>8/22/05</u> Daytime Phone # <u>727-724-6547</u>	

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