2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 31, 2006 08:00 AN Secretary of State DOCUMENT # N98000007134% - -THE ANGLICAN CHURCH OF SS. PETER AND PAUL, INC. Principal Place of Business Mailing Address **2477 NASH ST** 2477 NASH ST CLEARWATER, FL 33765 CLEARWATER, FL 33765 08282006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3595444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HOWARTH, THOMAS DO NOT WRITE **2477 NASH ST** CLEARWATER, FL 33765 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE D NAME ROVELSTAD, REV. ROGER STREET ADDRESS 13781 JOYCE DRIVE U00000575759 08/31/06-80003-007 61.25 CITY-ST-ZIP LARGO, FL 33774 ₹∏LE NAME HOWARTH, THOMAS STREET ADDRESS 1123 BOWSPRIT LANE CITY-ST-7IP HOLIDAY, FL 34691 TITLE

> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 pther like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

HOWARTH, JUDITH

HOLIDAY, FL 34691

1123 BOWSPRIT LANE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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