

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000007134

1. Entity Name
THE ANGLICAN CHURCH OF SS. PETER AND PAUL, INC.



Principal Place of Business
**2477 NASH ST
CLEARWATER, FL 33765**

Mailing Address
**2477 NASH ST
CLEARWATER, FL 33765**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3595444

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWARTH, THOMAS
2477 NASH ST
CLEARWATER, FL 33765**

**DO NOT WRITE
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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROVELSTAD, REV. ROGER
STREET ADDRESS	13781 JOYCE DRIVE
CITY- ST- ZIP	LARGO, FL 33774
TITLE	V
NAME	HOWARTH, THOMAS
STREET ADDRESS	1123 BOWSPRIT LANE
CITY- ST- ZIP	HOLIDAY, FL 34691
TITLE	S
NAME	HOWARTH, JUDITH
STREET ADDRESS	1123 BOWSPRIT LANE
CITY- ST- ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/15/08-80011-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 727-724-6147

Date

Daytime Phone #