

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004743

1. Entity Name

ANGLICAN PROVINCE FOUNDATION, INC.

Principal Place of Business

7200 NORTH WICKHAM ROAD
MELBOURNE FL 32940

Mailing Address

7200 NORTH WICKHAM ROAD
MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-2096652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KITE-POWELL, RUFUS B
7200 NORTH WICKHAM ROAD
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME GRUNDORF, WALTER H
STREET ADDRESS 3348 WEST S.R. 426
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete
NAME KITE-POWELL, RUFUS B
STREET ADDRESS 7200 N. WICKHAM ROAD
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☒ Delete
NAME STELLNER, JOHN
STREET ADDRESS 205 AUGUSTA WAY
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Delete
NAME James E. Booth
STREET ADDRESS 1945 Buckhead Court
CITY-ST-ZIP Viera, FL 32955

TITLE ☐ Delete
NAME William Jourdan
STREET ADDRESS 4127 Seaforth Dr.
CITY-ST-ZIP Charlotte, NC 28205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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.

SIGNATURE:

Rufus B. Kite-Powell (Rufus B. Kite-Powell)

1/5/01 321.259.1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)