

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004743

Entity Name: ANGLICAN PROVINCE FOUNDATION, INC.

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

7200 NORTH WICKHAM ROAD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7200 NORTH WICKHAM ROAD
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 56-2096652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: GRUNDORF, WALTER H
Address: 3348 WEST S.R. 426
City-St-Zip: OVIEDO, FL 32765

Title: PSD () Delete
Name: KITE-POWELL, RUFUS B
Address: 7200 N. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SHEPARD, BILL
Address: 417 NTH NEPTUNE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T () Delete
Name: JOURDAN, WILLIAM
Address: 4127 SEAFORTH DRIVE
City-St-Zip: CHARLOTTE, NC 28205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. RUFUS B. KITE-POWELL

RECT

01/09/2004

Electronic Signature of Signing Officer or Director

Date