

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90547 046 \*\*\*\*61.25

**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**

**55009413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-2096652**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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

**FILE NOW: FEE IS \$61.25**

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

**\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Bill Shepherd**  
STREET ADDRESS **417 Nth. Neptune Drive**  
CITY-ST-ZIP **Satellite Beach, FL 32937**

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

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

TITLE **D** ☒ Delete  
NAME **BOOTH, JAMES E**  
STREET ADDRESS **1995 BUCKHEAD COURT**  
CITY-ST-ZIP **VIERA FL 32955**

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

TITLE **T** ☐ Delete  
NAME **JOURDAN, WILLIAM**  
STREET ADDRESS **4127 SEAFORTH DRIVE**  
CITY-ST-ZIP **CHARLOTTE NC 28205**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Walter H. Grundorf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)