I hereby 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 all other like empowered.

SIGNATURE: JAMES BRUCE CULPEPPER

Electronic Signature of Signing Officer/Director Detail

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

# **Officer/Director Detail :**

Title	D	Title	S
Name	CULPEPPER, JAMES B	Name	MEDINA, JOHN
Address	2805 PARADISE PLACE	Address	351 CLIFDEN DR
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309

# Entity Name: ST. PETER'S ANGLICAN CHURCH FOUNDATION, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

4784 THOMASVILLE RD TALLAHASSEE, FL 32309

DOCUMENT# N06000012650

#### **Current Mailing Address:**

4784 THOMASVILLE RD TALLAHASSEE, FL 32309 US

# FEI Number: 20-8069884

# Name and Address of Current Registered Agent:

CULPEPPER, JAMES B 2805 PARADISE PLACE TALLAHASSEE, FL 32309 US

FILED Apr 23, 2019 Secretary of State 4959709818CC

Date

Certificate of Status Desired: No

DIRECTOR

04/23/2019

Date