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 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 Statu	
above, or on an attachment with all other like empowered.	

SIGNATURE: JAMES B CULPEPPER

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

### 04/16/2013 Date

Certificate of Status Desired: No

## Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	D	Title	Т
Name	CULPEPPER, JAMES B	Name	DAVIS, GREG
Address	901 LOTHIAN DR	Address	2487 PAPILLION WAY
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32309
Title	S		

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:

Name

Address

## Name and Address of Current Registered Agent:

CULPEPPER, JAMES B 310 W. COLLEGE AVE.

TALLAHASSEE, FL 32301 US

901 THOMASVILLE RD TALLAHASSEE, FL 32303

**Current Mailing Address:** 

DOCUMENT# N06000012650

TALLAHASSEE, FL 32303

901 THOMASVILLE RD

MEDINA, JOHN

City-State-Zip: TALLAHASSEE FL 32309

351 CLIFDEN DR

**Current Principal Place of Business:** 

FEI Number: 20-8069884

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED Apr 16, 2013 Secretary of State CC4619129904

Date