

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001931

**Entity Name:** EPISCOPAL CHURCH OF ST. ANNE'S OF HALLANDALE, FLORIDA, INC.

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**9116592292CC**

**Current Principal Place of Business:**

705 NW 1ST AVE.  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

705 NW 1ST AVE.  
HALLANDALE BEACH, FL 33009

**FEI Number: 59-2016032**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FOX, RONALD REV DR.  
705 N.W. 1ST AVENUE  
HALLANDALE, FL 33009 US

*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

**Officer/Director Detail :**

Title DR.  
Name FOX, RONALD NP.  
Address 705 N.W. 1ST. AVE  
City-State-Zip: HALLANDALE FL 33009

Title MR.  
Name NEELY, EVERETT  
Address 705 NW 1ST AVE.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MR.  
Name FOX, SR. , KEVIN JR. WARDEN  
Address 705 NW 1ST AVE.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MR.  
Name THOMAS, ALDWYN TREASURER  
Address 705 NW 1ST AVE.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MS.  
Name BOWE, MELVERN CLERK  
Address 705 NW 1ST AVE.  
City-State-Zip: HALLANDALE BEACH FL 33009

*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: EVERETT NEELY**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date