

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90002 027 ****61.25

DOCUMENT # 705718

1. Entity Name

CHURCH OF THE EPIPHANY, INC.

Principal Place of Business

Mailing Address

2507 DEL PRADO BLVD.
 CAPE CORAL FL 33904

2507 DEL PRADO BLVD S
 CAPE CORAL FL 33904-5768
 US

00039674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1381140

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

MGINNIS, JOHN M. JR.
1102 S.E. 14TH TERRACE
CAPE CORAL FL 33990

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.

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE Delete
 NAME **T**
STOUT, GEORGE S.
 STREET ADDRESS **434 TUDOR DR, #2-1**
 CITY-ST-ZIP **CAPE CORAL, FL 00000**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **D**
MEYERS, WILLIAM
 STREET ADDRESS **603 PLAZA DEL SOL**
 CITY-ST-ZIP **N FT MYERS FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **S**
WHITTON, MARTHE
 STREET ADDRESS **2554 SW 38TH TERR**
 CITY-ST-ZIP **CAPE CORAL FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **P**
MGINNIS, JOHN M. J
 STREET ADDRESS **1102 S.E. 14TH TERRACE**
 CITY-ST-ZIP **CAPE CORAL, FL 00000**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **VD**
SWENSON, CHRISTOPHER
 STREET ADDRESS **1303 SE 20TH COURT**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Change Addition
 NAME **D**
WILSON, LELAND
 STREET ADDRESS **702 S.W. 56TH STREET**
 CITY-ST-ZIP **CAPE CORAL, FL 33914**

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: **GEORGE S. STOUT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-2000

Date

941-574-3200

Daytime Phone #

CR2E037 (9/99)