

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

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

02-21-2003 90139 024 \*\*\*\*61.25

**DOCUMENT # 705718**

1. Entity Name  
**CHURCH OF THE EPIPHANY, INC.**



Principal Place of Business  
**2507 DEL PRADO BLVD.  
CAPE CORAL FL 33904**

Mailing Address  
**2507 DEL PRADO BLVD S  
CAPE CORAL FL 33904  
US**



CHECK HERE IF MAKING CHANGES

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

**STOUT, GEORGE S  
434 TUDOR DR., #2-1  
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. 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  
Trust Fund Contribution.

**\$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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST STOUT, GEORGE S. 434 TUDOR DR, #2-1 CAPE CORAL FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEYERS, WILLIAM 603 PLAZA DEL SOL N FT MYERS FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD STEAD, CROGER 414-NW-19th TERRACE CAPE CORAL, FL 33993</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MAGILL, WILLIAM H 1771 FOUR MILE COVE PKWY., #1026 CAPE CORAL FL 33990</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BINGHAM, JAMES G. 5032 SW 11th PLACE CAPE CORAL, FL 33914</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SMITH, LOWELL C 1618 S.E. EDITH ESPLANADE CAPE CORAL FL 33904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GILCHRIST, MICHAEL 523 SE 18th AVENUE CAPE CORAL, FL 33990</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JARABEK, JEFF 1303 SE 19th LANE CAPE CORAL, FL 33990</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (10/02)

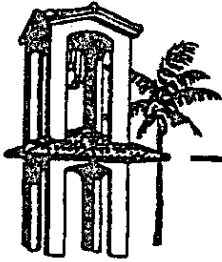
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

*George S. Stout*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Attachment



EPIPHANY EPISCOPAL CHURCH

90030672  
705718



2507 DEL PRADO BOULEVARD • CAPE CORAL, FL 33904  
PHONE: (941) 574-3200 • FAX: (941) 574-2891

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ADDITIONS TO BLOCK 11

D  
ARANCIO, LINDA  
220 SE 27th STREET  
CAPE CORAL, FL 33904

D  
CONRAD, MARCIE  
2773 TEAKWOOD BOULEVARD  
NORTH FORT MYERS, FL 33917

D  
ENGH, DAVID  
4383 HARBOUR TERRACE  
NORTH FORT MYERS, FL 33903-5021

D  
FESTIAN, CHUCK  
1004 ARCHER PARKWAY  
CAPE CORAL, FL 33904

D  
MULLEE, ROSE  
4510 NORTH KEY DRIVE #302  
NORTH FORT MYERS, FL 33903