

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90086 048 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 725811

1. Entity Name

HOLY CHILD EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

**1225 GRANADA BLVD.
 S.R. 40
 ORMOND BEACH FL 32174**

**1225 GRANADA BLVD.
 S.R. 40
 ORMOND BEACH FL 32174-5914**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2391056

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

**KEEN, G C
 1209 PARKSIDE DR
 ORMOND BEACH FL 32174**

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

TITLE **S** ☐ Delete
 NAME **CLEMENTS, JOANN**
 STREET ADDRESS **791 RIVER OAKS WEST**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **LOHMANN, RICHARD**
 STREET ADDRESS **1 HOLLY CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **DALL, JUNE**
 STREET ADDRESS **160 RODEO RD**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME **Treasurer**
 STREET ADDRESS **George F. Thornton**
 CITY-ST-ZIP **751 E. LINDENWOOD Circle**

TITLE **VD** ☒ Delete
 NAME **HEARN, HEANOR**
 STREET ADDRESS **1110 NORTHSIDE DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Ormond Beach, FL. 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Eleanor Hearn**
 STREET ADDRESS **1110 Northside Drive**
 CITY-ST-ZIP **Ormond Beach, FL. 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Comforted Keen*

Comforted Keen

3/16/00

(904) 672-4470

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)