# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 31, 2001 8:00 am**
**Secretary of State**
01-31-2001 90047 023 ****61.25

DOCUMENT # 725811

1. Entity Name

HOLY CHILD EPISCOPAL CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1225 GRANADA BLVD.<br>S.R. 40<br>ORMOND BEACH FL 32174 | 1225 GRANADA BLVD.<br>S.R. 40<br>ORMOND BEACH FL 32174 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2391056 ☐ Applied For ☐ Not Applicable

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<br>1209 PARKSIDE DR<br>ORMOND BEACH FL 32174 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 G. Comfort Keen 23 Jan 01

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CLEMENTS, JOANN<br>791 RIVER OAKS WEST<br>ORMOND BEACH FL 32174 | ☒ Delete | S<br>Vivian Jordan<br>15 Lil Cub Path<br>Ormond Beach, Fl. 32174 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LOHMANN, RICHARD<br>1 HOLLY CIRCLE<br>ORMOND BEACH FL 32174 | ☒ Delete | VD<br>Beverly Lenox<br>45 Koala Bear Path<br>Ormond Beach, Fl. 32174 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>THORNTON, GEORGE F<br>751 E. LINDENWOOD CIR<br>ORMOND BEACH FL 32174 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HEARN, ELEANOR<br>1110 NORTHSIDE DR<br>ORMOND BEACH FL 32174 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** G. Comfort Keen RESIGNED 23 Jan 01 904.672.4470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #