## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2002 8:00 am Secretary of State DOCUMENT # **725811** 1. Entity Name 02-25-2002 90071 035 \*\*\*\*61 25 HOLY CHILD EPISCOPAL CHURCH, INC. Mailing Address Principal Place of Business 1225 GRANADA BLVD. 1225 GRANADA BLVD. ~~~~~~~~~ S.R. 40 S.R. 40 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2391056 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KEEN, G C 1209 PARKSIDE DR **ORMOND BEACH FL 32174** 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. $\overline{\mathsf{VD}}$ TX Change ☐ Addition TITLE ☐ Delete TITLE JORDAN, VIVIAN NAME NAME STREET ADDRESS 15 LIL CUB PATH STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP Change ☐ Addition Delete TITLE VD. lenox, beverly NAME Floyd Winn STREET ADDRESS STREET ADDRESS 45 KOALA BEAR PATH 2045 Old Daytona Road CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 Daytona Beach, Fl. 32114 ☐ Delete TITLE [] Change TITLE NAME THORNTON, GEORGE F NAME STREET ADDRESS 751 E. LINDENWOOD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 Delete ☐X Change TITLE ☐ Addition TITLE HEARN, ELEANOR Alexandria Stone NAME NAME 1110 NORTHSIDE DR STREET ADDRESS 182 Deer Lake Drive STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORMOND BEACH FL 32174 ORMOND Beach, Fl. 32174 ☐] Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fill other like empowered.

SIGNATURE

STRUMENT ASSETTIBLE

Feb. 13, 2002

(386) 672-4470

FILED