

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90134 029 ****61.25

DOCUMENT # 733864

1. Entity Name

ST. COLUMBA'S EPISCOPAL CHURCH

Principal Place of Business

451 52ND STREET GULF
MARATHON FL 33050
US

Mailing Address

P.O. BOX 500426
MARATHON FL 33050
US

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

59-2356874

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

FRANKLIN D. GREENMAN,ESQ.
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON FL 33050

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P JONES, LYNNE E.	1050 52ND STREET GULF	MARATHON FL		P Position Vacant		
	D JACKSON, NANNETTE	7957 GULFSTREAM BLVD	MARATHON FL 33050				
	V BAILEY, PHILIP	313 CALZADA DE BOUGAINVILLEA	MARATHON FL 33050				
	D LYON, DAVID	220 W SEAVIEW CIRCLE, DUCK KEY	MARATHON FL 33050				
	D LEWIS, LAWRENCE	201 ANGLERS DRIVE SOUTH	MARATHON FL 33050				
	S GOFF, JEAN	2000 COCO PLUM DRIVE #806	MARATHON FL				

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)