

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90043 039 ****61.25

DOCUMENT # 737444

1. Entity Name

HOLY SACRAMENT EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

2801 NORTH UNIVERSITY DR.
 HOLLYWOOD FL 33024

2801 NORTH UNIVERSITY DR.
 HOLLYWOOD FL 33024-2547

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

59-6514885

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOBBS, BRYAN A.
2801 N UNIVERSITY DR.
HOLLYWOOD FL 33024

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

T Delete
 NAME **ARIBENA, FRANKLIN**
 STREET ADDRESS **9551 GHUDSON STREET**
 CITY-ST-ZIP **MIRAMAR FL 33025**

T Change Addition
 NAME **Ford, Henry**
 STREET ADDRESS **18832 - NW 12 Ct.**
 CITY-ST-ZIP **Pembroke Pines, FL 33029**

P Delete
 NAME **HOBBS, BRYAN A.**
 STREET ADDRESS **2801 N. UNIVERSITY DR.**
 CITY-ST-ZIP **HOLLYWOOD FL**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 NAME **BATCHELOR, OWEN**
 STREET ADDRESS **1640-N.W. 98 WAY**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

T Change Addition
 NAME **Marinello, John**
 STREET ADDRESS **13751 Appalachian Trail**
 CITY-ST-ZIP **Davie, FL 33325**

T Delete
 NAME **JOHNSON, DOROTHY**
 STREET ADDRESS **12224 S.W. 50 PLACE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00
 Date

Daytime Phone #

CR2E037 (9/99)