


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90009 033 ****61.25

DOCUMENT # 737444.					
1. Entity Name HOLY SACRAMENT EPISCOPAL CHURCH, INC.					
Principal Place of Business 2801 NORTH UNIVERSITY DR. HOLLYWOOD, FL 33024			Mailing Address 2801 NORTH UNIVERSITY DR. HOLLYWOOD, FL 33024		
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAILEY, ABE 1215 NW 144 AVE PEMBROKE PINES, FL 33028			Name F. Wilson Brown		
			Street Address (P.O. Box Number is Not Acceptable)		
			2801 N. University Drive		
			City Pembroke Pines		FL Zip Code 33024
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		<i>F. Wilson Brown Jr., Rector</i>		4/14/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURCK, NORMAN G		NAME	Stuart Mowatt	
STREET ADDRESS	1705 NW 108 AVENUE		STREET ADDRESS	1691 Pine Tree Lane	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, ABE		NAME	F. Wilson Brown	
STREET ADDRESS	1215 NW 144 AVENUE		STREET ADDRESS	2801 N. University Drive	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, CLAIRETTE		NAME	Scott Kinzel	
STREET ADDRESS	2801 N UNIVERSITY DR		STREET ADDRESS	11120 NW 19 Street	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUV, STUFFORD		NAME	Jim March	
STREET ADDRESS	2801 N UNIVERSITY DR.		STREET ADDRESS	6820 Douglas Street	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP	Hollywood, FL 33024	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Sharon Becca	
STREET ADDRESS			STREET ADDRESS	18233 NW 20 Street	
CITY-ST-ZIP			CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



03172004 Chg-NP CR2E037 (10/03)

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: *F. Wilson Brown Jr.* 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #