


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90036 008 \*\*\*\*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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40011010



01232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-6514885

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	
BROWN, WILSON F 2801 N. UNIVERSITY DRIVE PEMBROKE PINES, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$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	
T MOWATT, STUART 1691 PINE TREE LANE PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete	T Keigs, Beverly 9114C SW 20th Ct Fort Lauderdale, FL 33324-5074	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P BROWN, WILSON F 2801 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
M LUE, STAFFORD 7528 NW 17TH DR PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MD BLAKE, SONIA 1006 SW 113TH TERR PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T HUES, JULICDT 925 SW 102 TERR HOLLYWOOD, FL 33025	<input checked="" type="checkbox"/> Delete	AS Eddy, Karen 15801 Sedgewyck Cir N Davie, FL 33331-3447	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Wilson Brown*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6, 2007  
 Date Daytime Phone #