

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90047 034 ****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

40011077



DO NOT WRITE IN THIS SPACE

01182008 No Chg-NP CR2E037 (4/06)

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
 BROWN, WILSON F
 2801 N. UNIVERSITY DRIVE
 PEMBROKE PINES, FL 33024

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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: F. Wilson Brown Jr. DATE: 1/24/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEIZS, BEVERLY 9114-C SW 20TH COURT FORT LAUDERDALE, FL 333245074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, WILSON F 2801 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LUE, STAFFORD 7528 NW 17TH DR PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BLAKE, SONIA 1006 SW 113TH TERR PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDDY, KAREN 15801 SEDGEWYCK CR. N. DAVIE, FL 333313447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: F. Wilson Brown Jr. DATE: 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #