

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 19, 2009
Secretary of State**

DOCUMENT# 737444

Entity Name: HOLY SACRAMENT EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**2801 NORTH UNIVERSITY DR.
HOLLYWOOD, FL 33024**New Principal Place of Business:****Current Mailing Address:**2801 NORTH UNIVERSITY DR.
HOLLYWOOD, FL 33024**New Mailing Address:**

FEI Number: 59-6514885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FULLER, PERRY T REV.
2801 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US**Name and Address of New Registered Agent:**CORBIERE, JOHN R REV.
2801 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

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: FR. JOHN CORBIERE

10/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: T () Delete
Name: KEIZS, BEVERLY TREASUR
Address: 9114-C SW 20TH COURT
City-St-Zip: FORT LAUDERDALE, FL 333245074Title: P () Delete
Name: FULLER, PERRY T REV.
Address: 2801 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024Title: M () Delete
Name: KINZEL, SCOTT C SWARDEN
Address: 11120 NW 19TH ST.
City-St-Zip: PEMBROKE PINES, FL 330262222Title: MD () Delete
Name: GROUCHER, ADOLPH JWARDEN
Address: 2465 SW 132ND TER
City-St-Zip: MIRAMAR, FL 330272685**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: CORBIERE, JOHN R REV.
Address: 2801 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FR. JOHN CORBIERE

P

10/19/2009

Electronic Signature of Signing Officer or Director

Date