

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

04-10-2003 90165 036 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent
Name Abe Bailey
Street Address (P.O. Box Number is Not Acceptable)
1215 - NW 144 AVENUE
City Pembroke Pines FL Zip Code 33028

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 X (NOTE: Registered Agent signature required when reinstating)
DATE 4/3/03

FILE NOW: FEE IS \$61.25

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	
TURCK, NORMAN G 1705 NW 108 AVENUE PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
HOBBS, BRYAN A. 2801 N UNIVERSITY DR. HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MARINELLO, JOHN 13751 APPALACHIAN TRAIL DAVIE FL 33325	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
BAILEY, ABE 1215 NW 144 AVENUE PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MCDONALD, RON 6631 SCOTT STREET HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Delete	T Clairetto Henry 2801 - N. University Drive Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	T Stafford Luu 2801 - N. University Dr. Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: X SIGNATURE REG. AGENT Abe Bailey 4/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (10/02)