

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91643 001 *****8.75
04-28-2003 91643 002 *****61.25

DOCUMENT # 739879

1. Entity Name
ST. MARY'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.



Principal Place of Business

**4311 SAN MIGUEL
TAMPA FL 33629**

Mailing Address

**4311 SAN MIGUEL
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0766994**

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

**FORD, ROY J JR, ESQ
101 E KENNEDY BLVD
STE 3700
TAMPA FL 33602**

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

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

TITLE **PD** ☐ Delete
NAME **MENARD, JOHN**
STREET ADDRESS **803 E WASHINGTON**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☒ Change ☐ Addition
NAME **MENARD, JOHN**
STREET ADDRESS **803 E WASHINGTON**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete
NAME **ROGERS, PAUL**
STREET ADDRESS **2113 S CORTEZ ST**
CITY-ST-ZIP **TAMPA FL 33629-5420**

TITLE **D** ☐ Change ☒ Addition
NAME **MAYNARD, JACK**
STREET ADDRESS **5311 BAYSHORE BOULEVARD**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☒ Delete
NAME **MORLEY, MICHAEL**
STREET ADDRESS **4701 W ESTRELLA ST**
CITY-ST-ZIP **TAMPA FL 33629-8314**

TITLE **TD** ☐ Change ☒ Addition
NAME **VALAES, MATT**
STREET ADDRESS **4522 WEST BROOKWOOD DRIVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☒ Delete
NAME **HOLDER, HAL JR**
STREET ADDRESS **608 RIVIERA DR**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **PD** ☐ Change ☒ Addition
NAME **MCLEAN, III REV'D. W.D.**
STREET ADDRESS **POST OFFICE BOX 15709**
CITY-ST-ZIP **SARASOTA FL 34277-1709**

TITLE **TD** ☒ Delete
NAME **MCCONNELL, STEVE**
STREET ADDRESS **3825 HENDERSON BLVD #605B**
CITY-ST-ZIP **TAMPA FL 33679**

TITLE **D** ☐ Change ☒ Addition
NAME **TRIGG, JACKIE**
STREET ADDRESS **4831 WEST SAN JOSE STREET**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **HANNA, LINDA C.**
STREET ADDRESS **83 ADALIA AVE.**
CITY-ST-ZIP **TAMPA FL 33606**

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.

CR2E037 (10/02)