

03-10-2003 90158 040 ***61.25

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

70026011

DOCUMENT # N01000002974 1. Entity Name SOUTH FLORIDA LAY CISTERCIANS, INC.		
Principal Place of Business 6311 N.W. 47 COURT CORAL SPRINGS, FL 33067		Mailing Address 6311 N.W. 47 COURT CORAL SPRINGS, FL 33067
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 65-1082484		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WUNKER, ROBERT L 2800 N. MILITARY TRAIL 4TH FLOOR BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when changing)</small>		
FILE NO. FEE IS \$125		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
\$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 '00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, NATALIE 6311 N.W. 47 COURT CORAL SPRINGS, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WUNKER, MARY A 2823 NW 49 ST BOCA RATON, FL 33434	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANK, LILLIAN SR. 4002 INVERRARY BLVD. LAUDERHILL, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALPINE, CELE 9461 N.W. 40 STREET CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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: <u>Mary Ann Wunker</u>		Date: <u>3-5-03</u>

0322037 (10/02)