EII ED

## 2001 UNIFORM BUSINESS REPORT (URB)

DOCUMENT # N19235  1. Entity Name  ST. MARY EPISCOPAL CHURCH OF BELLEVIEW, FLORIDA,					Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90086 008 ****61.25				
Principal Place of Business P.O. BOX 2373		Mailing Address P.O. BOX 2373							
BELLEVIEW F US		BELLEVIEW FL 34420 US			£ 1 <b>6 6</b> 111 <b>6</b> 1	<b>16</b> 1 16 <b>1 1</b> 4 <b>8</b> 16 66 <b>810</b> 161	CUUUS 13 nan man man man man man man man man man	******	.*
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-2774044	<b>⊢</b>	Applied For Not Applicable	
Zip	Country  6. Name and Address of Current I	34421	Country			of Status Desired	□ \$8.75 A Fee Requ		
ROBINSON, PAUL 135 EAST FAITH AVE MAITLAND FL 32751  8. The above named entity submits this statement for the purpose of changing its reg				†4 <i>50</i> Sumn	SE nerfi	is Not Acceptable 150+b eld  in the state of Flo	Street FL Zip G	2491	
SIGNATURE	Signature, typed or printed name of registered agent a  FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	ion. $\square$	<b>\$5.0</b> Added	<b>0</b> May Be to Fees	De	e Check Payable partment of State	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, PAUL 135 EAST FAITH AVE MAITLAND FL 32751	ECTORS Delete	11. TITLE NAME STREET ADDRE	PD Rol 845 Su	oinson,		34491	e Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITTAKER, JOHN 264 MONTOYA DR LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	79 36 96 81	neon, I 70 SE	)eborah 143.stre field, Fl	Chang et – L 34491	e	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, LESLIE 213 CUTOFF RD FRUITLAND PARK FL	☐ Delete	TITLE NAME STREET ADDRE				☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISHAM, MICHELLE 13386 SE 36 AVE BELLEVIEW FL 34420-5612	☐ Delete	TITLE NAME STREET ADDRE	55 905 Su	sham, n 80 SE 1	nichelli GILANE Aeld, FL	₹ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRES CITY-ST-ZIP			•	☐ Changi	e 🔲 Addition	!   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				☐ Change		

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| 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.

| GAS 347 - G423 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone \* SIGNATURE: \_

1/5/01 (352)347-6422 Daytime Phone #