

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90512 017 ****61.25

DOCUMENT # N19235

1. Entity Name
**ST. MARY EPISCOPAL CHURCH OF BELLEVIEW, FLORIDA,
INC.**



Principal Place of Business Mailing Address
P.O. BOX 2373 P.O. BOX 2373
BELLEVIEW FL 34421 BELLEVIEW FL 34421
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2774044** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, PAUL
4450 SE 150TH STEET
SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

Name **Terracino, Anthony**
Street Address (P.O. Box Number is Not Acceptable)
12356 SE 128th Terrace
City **Ocklawaha** FL Zip Code **32179**

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 *Anthony Terracino*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/16/03
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	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, PAUL	
STREET ADDRESS	135 EAST FAITH AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TERRACINO, ANTHONY	
STREET ADDRESS	12356 SE 128TH TERRACE	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILBERT, LESLIE	
STREET ADDRESS	6022 SE 122ND PLACE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BECKSMITH, MORACE	
STREET ADDRESS	13615 SE 97TH TERRACE ROAD	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRACINO, ANTHONY	
STREET ADDRESS	12356 SE 128 TERRACE	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, LESLIE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKWITH, HORACE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(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: *Anthony Terracino* **REQUIRED**

1/16/03 (352) 288 0591

CR2E037 (10/02)