

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N41919

FILED
Mar 10, 2003
Secretary of State

Entity Name: ALL SOULS EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

14640 N CLEVELAND AVE
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

14640 N CLEVELAND AVE
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0151247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JIM
950 MOODY RD UNIT 119
N FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, JIM
Address: 950 MOODY RD UNIT 119
City-St-Zip: N FORT MYERS, FL 33903

Title: T () Delete
Name: JAMISON, ANDREW
Address: 16150 BAY POINT BLVD B-102
City-St-Zip: N FORT MYERS, FL 33917

Title: S () Delete
Name: SMITH, SANDY
Address: 1448 CHARLES ROAD
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: SMITH, VIGOR
Address: 1448 CHARLES ROAD
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: EVANS, CREIGHTON REV
Address: 126 SW 1ST AVENUE
City-St-Zip: CAPE CORAL, FL 33991

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAMISON, ANDREW
Address: 16150 BAY POINT BLVD B-102
City-St-Zip: N FORT MYERS, FL 33917

Title: D (X) Change () Addition
Name: SMITH, SANDY
Address: 1448 CHARLES ROAD
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change () Addition
Name: JAMISON, JUNE
Address: 16150 BAY PONT BLVD B-102
City-St-Zip: N FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: KELLY, BARBARA M
Address: 5341 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA M. KELLY

Electronic Signature of Signing Officer or Director

T

03/10/2003

Date