

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:33

DOCUMENT # **N50252 (8)**

1. Corporation Name
SAINT AMBROSE EPISCOPAL CHURCH, INC.

Principal Place of Business
**2250 S.W. 31 AVE.
FT. LAUDERDALE FL**

Mailing Address
**2250 S.W. 31 AVE.
FT. LAUDERDALE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1992

3a. Date of Last Report
02/17/1994

4. FEI Number
59-6019046

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

**EVANS, GEOFFREY
1941 S.E. 18 STREET
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ZINK, JOHN C.**
STREET ADDRESS **7381 S.W. 16 STREET**
CITY-ST-ZIP **PLANTATION FL**

TITLE **D**
NAME **O'BARR, CLYDE, JR.**
STREET ADDRESS **520 E. CAMPUS CIRCLE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D**
NAME **MADEIRA, PAUL**
STREET ADDRESS **3461 JACKSON BOULEVARD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D**
NAME **GARDNER, GERALD B**
STREET ADDRESS **2520 SW 34 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D**
NAME **EVANS, KATHRYN**
STREET ADDRESS **141 N.E. 58 CT.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D**
NAME **EVANS, GEOFFREY**
STREET ADDRESS **1941 S.E. 18 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition
1.2 NAME **WILLIAMS, Christopher**
1.3 STREET ADDRESS **3609 S.W. 23 Street**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

2.1 TITLE **D** Change Addition
2.2 NAME **TEGGE, Jean**
2.3 STREET ADDRESS **9208 N.W. 9th Court**
2.4 CITY-ST-ZIP **Plantation, FL 33324**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Geoffrey Evans **Geoffrey Evans, Rector, February 2, 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 583-0603