

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified 07/01/1992	3a. Date of Last Report 02/13/1995
4. FEI Number 59-6019046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, CHRISTOPHER
STREET ADDRESS	3609 S W 23 STREET
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TEGGE, JEAN
STREET ADDRESS	9208 NW 9TH COURT
CITY - ST - ZIP	PLANTATION FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MADEIRA, PAUL
STREET ADDRESS	3461 JACKSON BOULEVARD
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARDNER, GERALD B
STREET ADDRESS	2520 SW 34 AVE
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	EVANS, KATHRYN
STREET ADDRESS	141 N.E. 56 CT.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ZINK, JOHN
33 STREET ADDRESS	7381 S.W. 16 STREET
34 CITY - ST - ZIP	PLANTATION, FL 33317
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MARINI, ALFRED
53 STREET ADDRESS	14547 S.W. 23 COURT
54 CITY - ST - ZIP	DAVIE, FL 33325
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, 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**, 1/30/96 954-583-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)