

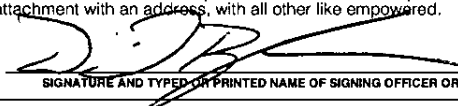


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90038 037 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # N50252</b>  |  |  |  |    |  |
| 1. Entity Name<br>SAINT AMBROSE EPISCOPAL CHURCH, INC.  |  |  |  |   |  |
| Principal Place of Business<br>2250 S.W. 31 AVE.<br>FT. LAUDERDALE, FL  |  | Mailing Address<br>2250 S.W. 31 AVE.<br>FT. LAUDERDALE, FL                       |  | <p style="font-size: 24pt; text-align: center;">94014164</p>  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  | 02062004 Chg-NP CR2E037 (10/03)   |  |
| Zip   |  | Country  |  | 4. FEI Number<br>59-6019046   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | 5. Certificate of Status Desired <input type="checkbox"/>                        |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent   |  |
| PEOPLES, DAVID B THE REV<br>6980 N.W. 66 STREET<br>PARKLAND, FL 33067   |  |  |  | Name<br>PEOPLES, DAVID B THE REV  |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable)<br>5523 NW 53 CIRCLE   |  |
|   |  |  |  | City<br>COCONUT CREEK FL Zip Code<br>33073  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
|   |  |  |  | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| NAME  | GARDNER, MEREDITH                            | NAME   | EVANS, WILLIAM   |   |  |
| STREET ADDRESS  | 2520 SW 34 AVENUE                            | STREET ADDRESS   | 141 NE 56 COURT  |   |  |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33312                    | CITY-ST-ZIP  | FORT LAUDERDALE, FL 33334  |   |  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  | d <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| NAME  | HARMAN, MARY ANN                             | NAME   | EVANS, ELLIE   |   |  |
| STREET ADDRESS  | 3788 S.W. 19 STREET                          | STREET ADDRESS   | 141 NE 56 COURT  |   |  |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33312                    | CITY-ST-ZIP  | FORT LAUDERDALE, FL 33334  |   |  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| NAME  | MALSBURY, MARY LOU                           | NAME   | STEINER, JOHN  |   |  |
| STREET ADDRESS  | 2991 S.W. 21 COURT                           | STREET ADDRESS   | 2407 SUGARLOAF LANE  |   |  |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33312                    | CITY-ST-ZIP  | FORT LAUDERDALE, FL 33312  |   |  |
| TITLE   | D <input checked="" type="checkbox"/> Delete | TITLE  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| NAME  | LITTLE, JANICE                               | NAME   | TIBBETTS, MARK   |   |  |
| STREET ADDRESS  | 4750 NE 14 TERRACE                           | STREET ADDRESS   | 3461 SW 16 STREET  |   |  |
| CITY-ST-ZIP   | POMPANO BEACH, FL 33064                      | CITY-ST-ZIP  | FORT LAUDERDALE, FL 33312  |   |  |
| TITLE   | D <input checked="" type="checkbox"/> Delete | TITLE  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| NAME  | WALLACE, EILENE                              | NAME   | O'TOOLE, LYNDA   |   |  |
| STREET ADDRESS  | 5250 SW 186 AVENUE                           | STREET ADDRESS   | 705 SW 8 TERRACE   |   |  |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33332                    | CITY-ST-ZIP  | FORT LAUDERDALE, FL 33315  |   |  |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  |  |   |  |
| NAME  | WILLIAMS, CHRISTOPHER                        | NAME   |  |   |  |
| STREET ADDRESS  | 3609 S.W. 23 STREET                          | STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33312                    | 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:   |  | DAVID B. PEOPLES   |  | 954-583-0603  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <small>Date</small>  |  | <small>Daytime Phone #</small>  |  |