

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90169 023 ****61.25

DOCUMENT # N50252

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6019046**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZINK, JOHN C
THE FOUNTAINHEAD
3900 NORTH OCEAN DR 4B
LAUDERDALE-BY-THE-SEA FL 33308**

Name
THE REV. DAVID B. PEOPLES
Street Address (P.O. Box Number is Not Acceptable)
6980 NW 66 street
City **Parkland** **FL** Zip Code **33067**

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

**DAVID B. PEOPLES
RECTOR**

1-28-03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	GARDNER, MEREDITH	
STREET ADDRESS	2520 SW 34 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZINK, JOHN	
STREET ADDRESS	THE FOUNTAINHEAD, 3900 N OCEAN DR 4B	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDLIN, ROBERT	
STREET ADDRESS	2412 OKEECHOBEE LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLE, JANICE	
STREET ADDRESS	4750 NE 14 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, EILENE	
STREET ADDRESS	5250 SW 186 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADEIRA, PAUL	
STREET ADDRESS	3461 JACKSON BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMAN, MARY ANN	
STREET ADDRESS	3788 SW 19 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALSBURY, MARY LOU	
STREET ADDRESS	2991 SW 21 COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLILAMS, CHRISTOPHER	
STREET ADDRESS	3609 SW 23 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	

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:

~~SIGNATURE REQUIRED~~

DAVID B. PEOPLES 1-28-03

CR2E037 (10/02)