2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **N93000004569** ST. MONICA'S EPISCOPAL CHURCH, INC. 01-26-2000 90143 009 ****61.25 Principal Place of Business Mailing Address 7070 IMMOKALEE RD 7070 IMMOKALEE RD SUITE 100 SUITE 100 NAPLES FL 34119-8845 NAPLES FL 34119-8845 2. Principal Place of Business 3. Mailing Address 7070 1 mmo Kalee Rd Suite Apt. #; etc: 7070 (mmol/alee RL DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0295252 Not A \$8.75 Additional 5. Certificate of Status Desired 34119-8845 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OAKLEAI Street Address (P.O. Box Number is Not Acceptable) WHITE, V B 550 W PLAZA Pelican NAPLES FL 34108 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. 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. HANKS, CEROLINE 524 LOWE LOWISE CIT Addition Addition TITLE Delete. NICK. PAUL C NAME 9790 WINCHESTER WOOD STREET ADDRESS STREET ADDRESS Naples FL 34110 CITY-ST-ZIP CITY-ST-ZIE NAPLES FL TS TITLE ☐ Change Addition Delete TITLE OAKLEAF, R B NAME NAME STREET ADDRESS 6001 PELICAN BAY BLVD, 1105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Change TITI F ☐ Addition TITLE ☐ Delete GAMEL, BETTY L MAME NAME STREET ADDRESS STREET ADDRESS 1280 22ND AVE. N. CITY-ST-ZIP CITY-ST-ZIF NAPLES FL 👿 Delete ☐ Change Addition TITLE TITLE = No Replacement as of 1/4/2000 HEINLEIN, E J NAME NAME STREET ADDRESS STREET ADDRESS **520 3RD ST NW** CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34120 R.D. BENSON TR. Delete ☐ Addition Change TITLE TITLE WHITE, VICKIE B 409 cypressway E. NAME NAME 550 WEST PLACE STREET ADDRESS STREET ADDRES NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33963 Delete TITLE Change ☐ Addition TITLE HEDGER, Islax 32 Gulf Shone Blud N STICKNEY, WAYNE P NAME NAME STREET ADDRESS 19753 CAMPBELL CR STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL I hereby certify that the information supplied with this filling 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