

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:57

DOCUMENT # 701320 (4)

1. Corporation Name

SAINT MARY MAGDALENE EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

1400 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

1400 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1960	3a. Date of Last Report 01/24/1994
4. FEI Number 59-6500406	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

EICHLER, STEPHEN (REV.)
1400 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

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 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

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

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL, BOB	1.2 NAME	
STREET ADDRESS	1409 SW 82ND AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, RICHARD	2.2 NAME	
STREET ADDRESS	9921 TWIN LAKES DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 0	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMAY, ERNIE	3.2 NAME	
STREET ADDRESS	8694 NW 52ND PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	EICHLER, STEPHEN (REV.)	4.2 NAME	
STREET ADDRESS	1400 RIVERSIDE DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: *Richard A. Morham, Jr.* Richard A. Morham, Jr.

1/25/95

(305) 356-2065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Name