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

FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90947 021 ****61.25

1 Entity Nama	T#701320	3 4-11	
SAINT	MARY Magdalene Chu	rch, Inc.	
		19110 St. 10	

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 14. DO RUBESIDE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country 2ip 33071 - 6070 Reputat DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FEE IS \$81.25 Initial or Amended UBR A Mailing Address 14. DO NOT WRITE Suite, Apt. #, etc. A FEI Number Scripticate of Status Desired Fee Required 7. Name and Address of Current Registered Agent For Address, P.O. Pox Jumber is furf Acceptable) Street Address, P.O. Pox Jumber is furf Acceptable) City FL 2307/1 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. PEE IS \$81.25 Initial or Amended UBR PEE IS \$81.25 Initial or Amended UBR A Make Check Payable to Florida Department of State		SAINT MARY Magdalene Church, Inc	
Suite, Apt. #, etc. City & State Coval Specings FL. City & State Coval Specings FL. Country		DO NOT WRITE IN THIS SPACE	
CORAL Springs FA. Zip 33071 - 6070 BEDWARD Signature legistered agent and title if applicable. Signature legistered agent legistered agent and title if applicable. Signature legistered agent legistered agent and title if applicable. Signature legistered agent legistered agent and title if applicable. Signature legistered agent legistered		400 RIVERSIDE DRIVE 1400 RIVERSIDE DRIVE	
DO NOT WRITE IN THIS SPACE Street Address IP.O. pox humber is India Acceptable). City FL Signature typed or printed name of registered agent and little if applicable. (NOT) Registered Agent sprature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to	59.6500406 Not Applicable Not Applicable \$8.75 Additional	CORAL Speines FL. CORAL Speines FL. Zip Country	
SIGNATURE MARCARET RAD MACAULT DUM 14-10-03 Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent syrrature required when reinstating) FEE: IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to	DO NOT WRITE IN THIS SPACE Street Address (P.O. pox hyumber is Not Acceptable) ORAL SOCIAL SOCIALS		
	the obligations of registered agent. SIGNATURE MARCARET READ MACAULT READ 4-10-03		
		Initial or Amended UBR Trust Fund Contribution.	
OFFICERS AND DIRECTORS TITLE C. INTELLIA CLARGE NAME FR. GEOFFREY EVANS STREET ADDRESS 1400 RIVELS ICHE DLIVE STREET ADDRESS CITY-ST-ZIP COMMA (SORINGS, FL. 3307.) CITY-ST-ZIP COMMA (SORINGS, FL. 3307.)	The state of the s	E C INTERIA CLARAS THE FR. GEOFFREY EVANS NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORA Springs, FL. 33071 CITY-ST-ZIP		E D ANTHONY HERNANDEZ HET ADDRESS -ST-ZIP CORA Springs FL 33071 City-ST-ZIP	
TITLE NAME D 12421 NW USED STREET STREET ADDRESS CITY-ST-ZIP CORA (Spr., NCS., FL. 33076 CITY-ST-ZIP DO NOT WRITE	SI DO NOT WRITE	ROBERT HILL RADRESS ET ADDRESS -ST-ZIP CORA Spr. WCS. FL. 33076 City-ST-ZIP	
MALGALET READ NAME 1642 NW 82 th AVENUE STREET ADDRESS CITY-ST-ZIP MALGALET READ IN THIS SPACE STREET ADDRESS CITY-ST-ZIP CORAL S-PLINGS, FL. 33071		ET ADDRESS MARGARET READ TITLE NAME STREET ADDRESS STREET ADDRESS	
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TITLE NAME STREET ADDRESS 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		E NAME ET ADDRESS -ST-ZIP STREET ADDRESS -CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered

SIGNATURE: 954-753-1400