

**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

DOCUMENT # 701320

1. Entity Name

SAINT MARY MAGDALENE Church, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 RIVERSIDE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1400 RIVERSIDE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

4. FEI Number

59-6500406

Applied For

Not Applicable

Zip

Country

33071-6070

BROWARD

Zip

Country

33071-6070

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARGARET READ

Street Address (P.O. Box Number is Not Acceptable)

1642 NW 82nd AVENUE

CORAL SPRINGS, FL

City

FL

Zip Code

33071

**DO NOT WRITE
IN THIS SPACE**

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

MARGARET READ

Margaret Read

4-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE	C	INTERIM CLERGY
NAME		FR. GEOFFREY EVANS
STREET ADDRESS		1400 RIVERSIDE DRIVE
CITY-ST-ZIP		CORAL SPRINGS, FL. 33071
TITLE	D	ANTHONY HERNANDEZ
NAME		1139 NW 116th AVE.
STREET ADDRESS		CORAL SPRINGS, FL. 33071
CITY-ST-ZIP		
TITLE	D	ROBERT HILL
NAME		12421 NW 63rd STREET
STREET ADDRESS		CORAL SPRINGS, FL. 33076
CITY-ST-ZIP		
TITLE	D	MARGARET READ
NAME		1642 NW 82nd AVENUE
STREET ADDRESS		CORAL SPRINGS, FL. 33071
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Margaret Read - MARGARET READ

4-10-03

954-753-1400

CR2E037B (12/02)