

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737444

Entity Name: HOLY SACRAMENT EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**2801 NORTH UNIVERSITY DR.
PEMBROKE PINES, FL 33024**Current Mailing Address:**2801 NORTH UNIVERSITY DR.
PEMBROKE PINES, FL 33024**FEI Number:** 59-6514885**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOLDER, ANTHONY B. DR.
2801 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US*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.***SIGNATURE:** THE REV. DR. ANTHONY B. HOLDER

04/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name HOLDER, ANTHONY B DR.
Address 16533 SW 1ST STREET
City-State-Zip: PEMBROKE PINES FL 33027

Title OFFICER
Name PEDLAR, ANDREA
Address 3210 CRYSTAL WAY
City-State-Zip: MIRAMAR FL 33025

Title OFFICER
Name SEWELL, MICHAEL W
Address 140 S DIXIE HIGHWAY
APT. # 517
City-State-Zip: HOLLYWOOD FL 33020

Title TREASURER
Name ADAMS, ALISON
Address 7211 FAIRWAY BLVD.
City-State-Zip: MIRAMAR FL 33023

Title SECRETARY
Name HAMILTON, SHEILA E
Address 958 NW 100TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THE REV. DR. ANTHONY B. HOLDER

RECTOR/PASTOR

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date