### **2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 737444** 

Entity Name: HOLY SACRAMENT EPISCOPAL CHURCH, INC.

FILED
Mar 12, 2018
Secretary of State
CC3072273457

## **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

03/12/2018

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT	Title	VP

NameHOLDER, ANTHONY B DR.NameROWE-KING, PATRICIA DR.Address16533 SW 1ST STREETAddress11086 BLUE PALM STREETCity-State-Zip:PEMBROKE PINES FL 33027City-State-Zip:PLANTATION FL 33324

Title **TREASURER** Title VΡ Name ADAMS, ALISON Name RODGERS, SHARON Address 7211 FAIRWAY BLVD. Address 16365 NW 15TH STREET MIRAMAR FL 33023 City-State-Zip: City-State-Zip: PEMBROKE PINES FL 33028

Title SECRETARY Title DIRECTOR

NameMILLINGTON-ROSE, CHARMAINENameFROYEN, JEREMY CAddress698 NW 133RD DRIVEAddress646 NW 89TH AVENUECity-State-Zip:PLANTATION FL 33325City-State-Zip:PLANTATION FL 33324

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

**PRESIDENT** 

03/12/2018