

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # 700914

1. Entity Name

ST. NICHOLAS EPISCOPAL CHURCH, INC.



Principal Place of Business

1111 E SAMPLE ROAD
POMPANO BEACH FL 33064

Mailing Address

1111 E SAMPLE ROAD
POMPANO BEACH FL 33064



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-1113644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, TIMOTHY B.
540 SE 15TH AVE.
DEERFIELD BEACH FL 33441

Name

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

City

FL

Zip Code

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

Signature of person making statement (registered agent, officer, director, etc.)

(NOTE: Registered Agent signature is required when changing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 PD ☐ Delete
NAME THOMAS, TIMOTHY B.
STREET ADDRESS 540 SE 15TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ Delete
NAME BOSSIERE, DORIS LA
STREET ADDRESS 200 S RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ Delete
NAME STUBBS, JEAN
STREET ADDRESS 4460 NW 7TH STREET
CITY-ST-ZIP COCONUT CREEK FL

TITLE D ☐ Delete
NAME SULLIVAN, WILLIAM
STREET ADDRESS 2200 NE 32ND ST
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000323309
02/20/08-80032-007 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]