FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

701320

(4)

SAINT MARY MAGDALENE EPISCOPAL CHURCH, INC.

| | | · | | | | | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------|--------------------|-------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------|----------------|---------------------|--------------------|
| Principal Place of Business Mailing Address | | | | | | t (Maint idalit andit andit stats andit didit didit didit didit didit dibit dibit dibit didit | | | |
| 1400 RIVERSIDE DRIVE CORAL SPRINGS FL 33071 1400 RIVERSIDE DRIVE CORAL SPRINGS FL 33071 1400 RIVERSIDE DRIVE | | |)71 -607 0 | | | | | | |
| | | | | | | 08/16/1960 | 3a. Date 02 | of Last R /16/19 | leport 96 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For S9 6500406 Not Applied | | | |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 39 0000400 | | | ot Applicable |
| 22 Suile, Apt | #, C IC. | Suite, Apt. #, etc. | ¬ | | | 5. Certificate of Status Desired | , | | Additional equired |
| City & Sta | ito | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | | | | | <u> </u> | | to Fees |
| Zip | Country Zip | | | Country | | This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 29 30 | | | | | Florida Statutes Yes No | | | |
| - | 9. Name and Address of Cur | rent Registered Agent | | 81 | Name | 10. Name and Address of New Regis | itered Age | <i>i</i> nt | |
| C(0) C | O OTCOURN (DEV.) | | | | Name | | | | |
| EICHLER, STEPHEN (REV.) 1400 RIVERSIDE DRIVE | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | SPRINGS FL 33071 | | | 63 | | | | | |
| 00.00 | | | | 84 | City | | | 95 Zip | Code |
| | | | | | _ | | FLI | | |
| 11. Pursuant | to the provisions of Sections 617 (| 0502 and 617.1508, Florida Sta | tutes, the a | bove | e-named cor | rporation submits this statement for the purp ation's board of directors. I hereby accept t | pose of ch | anging it | ts registered |
| agent. L | am familiar with, and accept the ob | ligations of, Section 617.0503, | Florida Stat | tutes | 3. | and the bound of all bottoms. I floropy decept (| по прроп | WITCH IL GO | , og jetorou |
| SIGNATURE | | | | | | | | | |
| Signature typeo or printed name of registered agent and Nile if applicable. (NOT 12. OFFICERS AND DIRECTORS | | | | d Age | ut eiðusinse tedir | ulred when reinstaling) ADDITIONS/CHANGES TO OFFICEF | DATE | RECTOR | 2S IN 12 |
| TITLE | VD DELETE | | | TLE | 1 | ADDITIONS/OFFARIALS TO OFFICE | | Change | Addition |
| NAME | OAKS, JONATHAN | | | AME | | | | | _ |
| STREET ADDRESS | TAR ON TAR TERR | | 1.3 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP | MARGATE FL | | 1.4 CI | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | T DELETE | | | TLE | | | | Change | Addition |
| NAME | MARTIN, RICHARD | | 2.2 N | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | TREET | ADDRESS | | | | |
| CITY-ST-2IP | CORAL SPRINGS, FL 0 | | | | ST-ZIP | | ···· | | |
| TITLE | PD DELETE | | | 3.1 TITLE 3.2 NAME | | | L | Change | ☐ Addition |
| NAME | GRAHAM, ERNST-JONES 10346 NW 16 CT | | | | 4000000 | | | | |
| STREET ADDRESS | CORAL SPRINGS FL | | 1 | | ADORESS | | | | |
| CITY-ST-ZIP TITLE | C DELETE | | | 3.4. CITY-ST-ZIP 4.1 TITLE | | | | Change | Addition |
| NAME | EICHLER, STEPHEN (REV.) | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | A LAA DII WAADAN BARIN | | 4.3 \$1 | REET | ADDRESS | | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | - 1 | | it-ZIP | | | | |
| TIFLE | DELETE | | | 51 TITLE | | | L | Change | Addition |
| NAME | | | 52 N | AME | | | | | |
| STREET ADDRESS | | | 5.3 \$1 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 T) | | | | | Change | Addition |
| NAME | | | 6.2 N | AME | ı | | | | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

1-30-5

(974) 3T6 - 7065

FILED

Feb 06 1997 8:00am

Secretary of State