2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am DOCUMENT # 701320 **Secretary of State** 1. Entity Name 03-19-2001 90476 034 ****61.25 SAINT MARY MAGDALENE EPISCOPAL CHURCH, INC. Principal Place of Business Mailing Address 1400 RIVERSIDE DRIVE 1400 RIVERSIDE DRIVE υυυιν CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6500406 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33076-110 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) EICHLER, STEPHEN (REV.) 1400 RIVERSIDE DRIVE **CORAL SPRINGS FL 33071** City 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. SIGNATURE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD TITLE Delete TITL F ☐ Addition BRADY, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 1496 AVON LANE CITY-ST-ZIP CITY-ST-ZIP N. LAUDERDALE FL 33068 T. TANTIMONACO DANIEL 8095 NW 71 ST CT. TITLE TITLE Delete MURRY, JACK NAME NAME STREET ADDRESS 10604 NW 48 ST STREET ADDRESS TAMACAC, FL. 33321 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 TITLE Delete TITLE ☐ Addition CAMPBELL - ALAN NAME TANTIMONACO, DANIEL NAME STREET ADDRESS STREET ADDRESS 8095 NW 71 CT CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Delete EICHLER, STEPHEN (REV.) NAME STREET ADDRESS 1400 RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-\$T-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

■ Addition