2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701321

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90040 002 ****70.00

1. Entity Name

SAINT BENEDICT'S EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
7801 N.W. 5TH ST. PLANTATION FL 33324	7801 N.W. 5TH ST. PLANTATION FL 33324-1911

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1426297 ☐ Applied For ☐ Not Applicable

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
BURROWS, WHITMORE 7441 NW I STREET PLANTATION FL 33317	Name: Robert Deshaies Street Address (P.O. Box Number is Not Acceptable): 7461 NW 13 Court City: PLANTATION **FL** Zip Code: 33313

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: Robert L. Deshaies — 1-24-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURROWS, WHITMORE 7441 N.W. 7 ST PLANTATION FL 33317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATTERS, KAY 6781 SW 11 STREET PLANTATION FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANCE, STEPHEN 4049 SW 7 ST PLANTATION FL 33317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, WILLIAM 447 CAMBRIDGE DRIVE WESTON FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LORD, WILHELM 5861 NW 16 PLACE, #206 SUNRISE FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILHELM C. LORD 5861 NW 16 PLACE #206 SUNRISE, FL. 33313	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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.

SIGNATURE: SIGNATURE REQUIRED — 1/24/2000 — 954-563-4508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #