

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701887

1. Entity Name

ST. MICHAEL'S CHURCH

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90072 012 ****61.25

Principal Place of Business

Mailing Address

2499 N. WESTMORELAND DR
 ORLANDO FL 32804
 US

2499 N. WESTMORELAND DRIVE
 ORLANDO FLA 32804-4934
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0782458

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, ROGER REV
 4018 SHORECREST DR
 ORLANDO FL 32804

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.

SIGNATURE

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	P	<input type="checkbox"/> Delete
NAME	RICHARDSON, THE REV. WARRE	
STREET ADDRESS	2202 WINNEBAGO TRAIL	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEONARD E. JR.	
STREET ADDRESS	1119 BELLELAIRE CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AIRTH, WILLIAM C.	
STREET ADDRESS	3203 ARDSLEY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMAN, ROSTON	
STREET ADDRESS	818 WILKINSON ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HEATH, SALLY S.	
STREET ADDRESS	814 SEMINOLE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOWELL, JOHN	
STREET ADDRESS	1406 MAGNA COURT	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hamilton, The Rev. Roger	
STREET ADDRESS	4018 Shorecrest Drive	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaberg, Jonathon	
STREET ADDRESS	1627 Crestwood Drive	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garner, Jr., James	
STREET ADDRESS	1404 Magna Court	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: S. Hamilton REQUIRE [Roger J. Hamilton] 3/27/00 (407)843-8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)