

# 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 <b>2499 N. WESTMORELAND DR ORLANDO FL 32804 US</b>	Mailing Address <b>2499 N. WESTMORELAND DRIVE ORLANDO FLA 32804-4934 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-0782458</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>
<b>HAMILTON, ROGER REV 4018 SHORECREST DR ORLANDO FL 32804</b>

<b>7. Name and Address of New Registered Agent</b>		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hamilton, The Rev. Roger</b>
STREET ADDRESS	<b>4018 Shorecrest Drive</b>
CITY-ST-ZIP	<b>Orlando, FL 32804</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jaberg, Jonathon</b>
STREET ADDRESS	<b>1627 Crestwood Drive</b>
CITY-ST-ZIP	<b>Orlando, FL 32804</b>
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	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garner, Jr., James</b>
STREET ADDRESS	<b>1404 Magna Court</b>
CITY-ST-ZIP	<b>Orlando, FL 32804</b>
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: *Roger J. Hamilton* **REQUIRE** *3/27/00* *(407)843-8448*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)