

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90133 044 \*\*\*\*61.25

5449/00

**DOCUMENT # 702338**  
1. Entity Name  
**ST. ALBAN'S EPISCOPAL CHURCH, INC.**



Principal Place of Business      Mailing Address  
**330 85TH AVE**      **330 85TH AVE**  
**ST PETERSBURG BEACH FL 33706**      **ST PETERSBURG BEACH FL 33706**

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0718486**      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

**MCDOWELL, JAMES L**  
**11675 4TH STREET EAST**  
**TREASURE ISLAND FL 33706**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCDOWELL, JAMES</b> <b>11675 4TH STREET EAST</b> <b>TREASURE ISLAND FL 33706</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SHORY, JOAN</b> <b>5930 BAHIA HONDA WAY</b> <b>ST PETE BEACH FL 33706</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CONRAD, CAROL</b> <b>4780 BRETHRY DR. S. #11</b> <b>ST. PETERSBURG, FL 33715-2607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MITCHUM, LARRY</b> <b>10206 TARPON DR</b> <b>TREASURE ISLAND FL 33706</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>NIRISCIN, SUSAN</b> <b>120 9TH STREET E</b> <b>TIERRA VERDE FL 33715</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GORDON, BETH</b> <b>12050 6TH STREET E</b> <b>TREASURE ISLAND FL 33706</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James L McDowell*      **MAY 27, 2003**

CR2E037 (10/02)