

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703575

1. Entity Name

ST. MARY'S EPISCOPAL CHURCH IN STUART, FLORIDA,

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90096 042 ****61.25

Principal Place of Business 623 E OCEAN BLVD. STUART FL 34934 US	Mailing Address 623 E OCEAN BLVD STUART FL 34934-2329 US
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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 59-1005086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS TRACY PITTENGER II
623 E OCEAN BLVD.
STUART 34994

7. Name and Address of New Registered Agent

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 _____ (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

TITLE D	NAME PEIXOTTO, ERNEST D	STREET ADDRESS 623 E. OCEAN BLVD	CITY-ST-ZIP STAU RT FL 34994	<input type="checkbox"/> Delete
TITLE DT	NAME ANTHONY, JAMES C	STREET ADDRESS 623 E OCEAN BLVD	CITY-ST-ZIP STUART FL 34994	<input type="checkbox"/> Delete
TITLE D	NAME DOWNING, JAMES B JR	STREET ADDRESS 623 E OCEANT BLVD	CITY-ST-ZIP STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE PD	NAME PITTENGER, THOMAS T. II	STREET ADDRESS 623 E OCEAN BLVD	CITY-ST-ZIP STUART FL 34994	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		STUART		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME WINCH, STEPHEN E.	STREET ADDRESS 623 E OCEAN BLVD.	CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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)(j), 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 C. Anthony III* **James C. Anthony III**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4-19-00**
 Daytime Phone #: **561 287-3244**

CR2E037 (9/99)