## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 29, 2002 8:00 am DOCUMENT # **704203 Secretary of State** 1. Entity Name 03-29-2002 90207 030 \*\*\*\*70 00 THE EPISCOPAL CHURCH OF THE HOLY FAMILY, INCORPO Principal Place of Business Mailing Address (8501 N.W. 7TH AVE. 18501 N.W. 7TH AVE. MAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0936172 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) THE VERY, REV. HORACE D WARD 13202 NW 11TH ST. PEMBROKE PINES FL 33028 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MILLER, HYACINTH STREET ADDRESS STREET ADDRESS 520 NW 195TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change Addition ☐ Delete TIT! F TITLE CAMPBELL, MAUREEN NAME NAME STREET ADDRESS STREET ADDRESS 21151 NE 2ND AVE. CITY-ST; ZIP CITY-ST-ZIP MIAMI FL TITLE TITLE ☐ Delete NAME NAME **BROWN, PATRICK** Roberts, Kenneth STREET ADDRESS STREET ADDRESS 1935 NW 171ST AVE 1325 NW 188th Street CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Miami, Fl 33169 ☐ Addition TITLE ☐ Delete TITLE NAME WHITE, VANDON DR. NAME STREET ADDRESS STREET ADDRESS 70 NW 209 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 TITLE Delete TITLE ☐ Change Addition NAME THE VERY, REV. HORACE D WARD NAME STREET ADDRESS STREET ADDRESS 13202 NW 11TH ST. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 TITLE ☐ Delete TITLE ☐ Change ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Rev. Horace D. Ward, Dir. 3/18/2002