

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 704364

FILED
Jul 03, 2002 8:00 AM
Secretary of State

Entity Name: SAINT MARGARET'S CHURCH, INC.

Current Principal Place of Business:

15650 MIAMI LAKEWAY, N
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15650 MIAMI LAKEWAY, N
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-1481365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAFT, SHELDON
6526 MIAMI LKS DR E.
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

CATANIA, PAUL
19848 NW 65TH COURT
MIAMI LAKES, FL 33014 US

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: PAUL CATANIA

07/03/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: EPPERSON, CLYDE
Address: 6400 MIAMI LAKEWAY SO
City-St-Zip: MIAMI LAKES, FL 3301

Title: D () Delete
Name: MOBILIA, JOSEPHINE M
Address: 13900 ALAMANDA AVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: ZILISCH, JOHN
Address: 3890 CRESTWOOD CIRCLE
City-St-Zip: WESTON, FL 33331

Title: T () Delete
Name: BOWIE, SABRINA
Address: 19610 W OAKMONT DR
City-St-Zip: MIAMI, FL 33015

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DOTT, CATHY
Address: 6606 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OLA, MICHAEL
Address: 12822 SW 53RD COURT
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change () Addition
Name: BOUIE, SABRINA
Address: 19610 W OAKMONT DR
City-St-Zip: MIAMI, FL 33015

Title: D () Change (X) Addition
Name: GRAY-REEVES, MARY
Address: 3590 SW 143RD AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Change (X) Addition
Name: JONES, YOLANDA
Address: 14185 SW 182ND AVENUE
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE MOBILIA

D

07/03/2002

Electronic Signature of Signing Officer or Director

Date