

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90126 010 \*\*\*\*61.25

**DOCUMENT # 704364**

1. Entity Name  
**SAINT MARGARET'S CHURCH, INC.**



Principal Place of Business  
**15650 MIAMI LAKEWAY, N  
MIAMI LAKES FL 33014**

Mailing Address  
**15650 MIAMI LAKEWAY, N  
MIAMI LAKES FL 33014**

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 **59-1481365**

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

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

Name **Timothy Foster**

Street Address (P.O. Box Number is Not Acceptable)

**4984 SW 166<sup>th</sup> Avenue**

City **Miramar**

**FL**

Zip Code  
**33027**

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 *Josephine H. Mobilia*

**2-3-03**

**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 ☐ Delete  
NAME **DOTT, CATHY**  
STREET ADDRESS **6606 MIAMI LAKES DRIVE**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MOBILIA, JOSEPHINE M**  
STREET ADDRESS **13900 ALAMANDA AVE**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **OLA, MICHAEL**  
STREET ADDRESS **12822 SW 53RD COURT**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **BOUIE, SABRINA**  
STREET ADDRESS **19610 W OAKMONT DR**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☒ Addition  
NAME **Lorraine Harris**  
STREET ADDRESS **1851 NW 170<sup>th</sup> Street**  
CITY-ST-ZIP **Miami FL 33056**

TITLE ☐ Delete  
NAME **GRAY-REEVES, MARY**  
STREET ADDRESS **3590 SW 143RD AVENUE**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **JONES, YOLANDA**  
STREET ADDRESS **14185 SW 182ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☒ Addition  
NAME **Jones, Scott**  
STREET ADDRESS **14185 SW 182<sup>nd</sup> Avenue**  
CITY-ST-ZIP **Miami FL 33196**

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: *Josephine H. Mobilia* (Josephine H Mobilia) 2-3-03 305-558-3961

CR2E037 (10/02)