

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90383 020 ****61.25

DOCUMENT # 704696

1. Entity Name
ST. FRANCIS EPISCOPAL CHURCH, INC.



Principal Place of Business

**313 GRACE ST.
P.O. BOX 566
BUSHNELL FL 33513**

Mailing Address

**313 GRACE ST.
P.O. BOX 566
BUSHNELL FL 33513**

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 **59-6605753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RACIAPPA, MARK
313 GRACE STREET
BUSHNELL FL 33513**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **JOHNSON, MERILYN**
STREET ADDRESS **4195 CR 575**
CITY-ST-ZIP **BUSHNELL FL 33573**

TITLE **T** ☐ Delete
NAME **RACIAPPA, MARK**
STREET ADDRESS **6835 CR 607 B**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **D** ☐ Delete
NAME **GRAVES, HAROLD**
STREET ADDRESS **892 CR 463**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **D** ☐ Delete
NAME **DUVAL, EDWARD**
STREET ADDRESS **7289 W. HWY 48**
CITY-ST-ZIP **BUSHNELL FL**

TITLE **P** ☒ Delete
NAME **KOMSTADT, WILLIAM**
STREET ADDRESS **313 GRACE ST.**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☐ Addition
NAME **SHARON THORNTON**
STREET ADDRESS **5047 CR 6575**
CITY-ST-ZIP **BUSHNELL FL 33513**

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

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

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

TITLE **P** ☒ Change ☐ Addition
NAME **MARGARET SILK-WRIGHT**
STREET ADDRESS **1813 PALO ALTO AVE.**
CITY-ST-ZIP **THE VILLAGES, FL 32159**

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

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: *[Signature]* **352-793-4911**
4-28-03

CR2E037 (10/02)