2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **714777** 1. Entity Name SAINT PETERS CHURCH, INC. 01-19-2000 90313 030 ****61.25 Principal Place of Business Mailing Address 1416 SE 2ND TERR 1416 SE 2ND TERR DEERFIELD 8CH FL 33441-6714 DEERFIELD 8CH FL 33441 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1215881 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired *BROWHR* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALLOU, FRED L. . 2021 N.E. 31ST STREET LIGHTHOUSE POINT FL 33064 Zip Code City FL 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. REMAINS SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS ICHANGES TO DESICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Change ☐ Delete TITLE TITLE SMITH, M. TRACY BALLOU, FRED L. NAME STREET AD 7400 N.W. 18th STREET #105 STREET ADDRESS 2021 N.E. 31ST STREET CITY-ST-2 MARGATE, FL 33063 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition Change TITLE Delete TITLE BALLOU, FRED L. NAMÉ NAME SMITH, M. TRACY STREET AL 2021 N.E. 31st STREET STREET ADDRESS 7400 N.W. 18TH STREET #105 CITY-ST: LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP MARGATE FL 33063 💆 Change Addition ☐ Delete TITLE TD I PIETRONICCO, PASQUALE PIETRONICCO, PASQUALE NAME STREET ADDF 3952 COCOPLUM CIRCLE E. STREET ADDRESS 3952 COCOPLUM CIRCLE E. CITY-ST-ZIP COCONUT CREEK, FL 33063 COCONUT CREEK FL 33063 🗶 Change Addition SD TITLE ☐ Delete TITLE CAREY, ANN NAME CASTEEL, DOROTHY W. STREET ADD STREET ADDRESS 1313 SE 2ND TERR 1117 N.W. 30th STREET DEERFIELD BCH FL 33441 CITY-ST-7IP WILTON MANORS, FL 33311 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURÈ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. BALLOY