

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91763 038 ****61.25

DOCUMENT # 727805

1. Entity Name

ST. CUTHBERT'S CHURCH, INC.

Principal Place of Business

Mailing Address

**214 MARTIN LUTHER KING BLVD.
 BOYNTON BEACH FL 33435**

**214 MARTIN LUTHER KING BLVD.
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7272408

Applied For

Not Applicable

Zip Country

Zip Country

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

**KENNEDY (FR. DAVID C.)
 1325 CARDINAL LANE
 LANTANA FL 33462**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **SEARS, CYRIL**
 STREET ADDRESS **148 NE 6 AVE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **DV** ☐ Change ☒ Addition
 NAME **BETHEL, DENNIS**
 STREET ADDRESS **1740 NE 2ND LANE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **S** ☐ Delete
 NAME **BETHEL, GALE**
 STREET ADDRESS **1740 NE 2ND LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☐ Change ☒ Addition
 NAME **SIMS, GLASTON**
 STREET ADDRESS **400 NW 8TH AVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **PD** ☒ Delete
 NAME **MONCUR, JOHN**
 STREET ADDRESS **550 NW 11 AVE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **TAYLOR, WILFRED**
 STREET ADDRESS **235 NW 10TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **T** ☐ Delete
 NAME **SMITH, BARBARA**
 STREET ADDRESS **417 NW 7TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **SEARS, ANTHONY** ☐ Change ☒ Addition
 NAME **424 BEECH ROAD**
 STREET ADDRESS **WEST PALM BEACH, FL 33409**
 CITY-ST-ZIP

TITLE **DV** ☐ Delete **D**
 NAME **LEWANCE, MAJOR**
 STREET ADDRESS **2942 CORTEZ LANE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **DP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SEARS, MARIE**
 STREET ADDRESS **424 BEECH RD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE
 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:

Barbara Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)