## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 21, 2005 8:00 am **DOCUMENT # 727805 Secretary of State** 1. Entity Name 03-21-2005 90101 045 \*\*\*\*61.25 ST. CUTHBERT'S CHURCH, INC. Mailing Address Principal Place of Business 214 MARTIN LUTHER KING BLVD. 214 MARTIN LUTHER KING BLVD. BOYNTON BEACH FL 33435 **BOYNTON BEACH FL 33435** 50028506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 23-7272408 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'BRIEN, FR. CRAIG E Street Address (P.O. Box Number is Not Acceptable) 1325 CARDINAL LANE LANTANA FL 33462 Zip Code 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. I am familiar with, and accept the obligations of registered agent. 13-03-65 SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. MEM TITLE 🔀 Delete TITLE Change Addition SEARS, ANTHONY Bethel NAME NAME Dennis 1740 N.E. 2nd Lane 424 PALM BEACH STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP Boynton Bch. FL 33435 פח ☐ Delete TITLE Change Addition TITLE BETHEL, GALE ewance Mai NAME NAME **1740 NE 2ND LANE** P.O. BOX 2822 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-7IP TITLE Z Gefete -TITLE Change → ✓ Addition Keith Thompson TAYLOR, WILFRED NAME NAME 235 NW 10TH AVE. 211 MLK Blud-STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP Addition Delete SMITH, BARBARA muel Hanna NAME NAME 417 NW 7TH AVENUE sinappér Wal STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SIMS, WILBUR JEAN NAME NAME 2112 NE 3 CT. STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33434 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SIMS, GLASTON NAME NAME 400 NE 8 AVENUE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY - ST - 7IP 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

FILED

SIGNATURE: Dawbur & Signature and Typed on Printed Name of Signang Officer on Director

Date Date Date Days on Printed Phone #

changed, or on an attach