

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90084 002 ****61.25

DOCUMENT # 730992

1. Entity Name

ST. THOMAS EPISCOPAL CHURCH

Principal Place of Business

Mailing Address

317 S MARY ST.
 P.O. BOX 1536
 EUSTIS FL 32726
 US

317 S. MARY STREET
 P.O. BOX 1536
 EUSTIS FL 32726-4201
 US

2. Principal Place of Business

3. Mailing Address

PLEASE DELETE!

Suite, Apt. #, etc.

Suite, Apt. #, etc.

The PO Box # - 1

City & State

City & State

we use the STREET!

Zip

Country

Zip

Country

ADDRESS ONLY. THANKS

4. FEI Number

59-0951532

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

BUJE, PATRICIA
1725 HAMILTON ST
EUSTIS FL 32726

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

Patricia Bujé 4-30-2000

Signature, typed or printed name of registered agent and fee 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 Delete
 NAME **DVP CAMPIONE, DAVID**
 STREET ADDRESS **34317 WINDLEY CIRCLE**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P HARDMAN, CHRISTOPHER**
 STREET ADDRESS **410 E. WASHINGTON AVE.**
 CITY-ST-ZIP **EUSTIS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP KIEFER, RICHARD**
 STREET ADDRESS **16221 WILSON PARRISH RD**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE Change Addition
 NAME **DVP ALBERT EKKIAN**
 STREET ADDRESS **1460 EDITH STREET**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Delete
 NAME **S HAMILTON, BRUCE**
 STREET ADDRESS **33303 LAKE BEND CIRCLE**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE Change Addition
 NAME **S Beverly Cox**
 STREET ADDRESS **PO BOX 748**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE Delete
 NAME **T CARTER, MARJORIE**
 STREET ADDRESS **533 HAWLEY STREET**
 CITY-ST-ZIP **EUSTIS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Patricia Bujé
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 (352)357-4358

Date

Daytime Phone #

CR2E037 (9/99)