

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91776 008 ****61.25

DOCUMENT # 730992

1. Entity Name

ST. THOMAS EPISCOPAL CHURCH

Principal Place of Business

Mailing Address

317 S MARY ST.
 EUSTIS FL 32726
 US

317 S. MARY STREET
 EUTTIS FL 32726
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0951532

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

KOELLEN, 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

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 Delete
 NAME **DVP**
 STREET ADDRESS **MCQUISTON, PAUL**
 CITY-ST-ZIP **3418 MANATEE DRIVE**
TAVARES FL 32778

TITLE Change Addition
 NAME **DVP**
 STREET ADDRESS **STRICKLEN LEON**
 CITY-ST-ZIP **13900 YALE HAMMOCK Rd.**
UMATILLA, FL 32184

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

TITLE Change Addition
 NAME **S**
 STREET ADDRESS **CARLSON, GAIL**
 CITY-ST-ZIP **16535 ORANGE AVE**
UMATILLA, FL 32184

TITLE Delete
 NAME **DVP**
 STREET ADDRESS **ELKIAN, ALBERT**
 CITY-ST-ZIP **1480 EDITH STREET**
EUSTIS FL 32726

TITLE Change Addition

TITLE Delete
 NAME **S**
 STREET ADDRESS **POTTER, MONIKA**
 CITY-ST-ZIP **37201 OAK LANE**
UMATILLA FL 32784

TITLE Change Addition

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

TITLE Change Addition

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

51-2002 (352) 351-4358
 Date Daytime Phone #

CR2E037 (9/01)