

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90005 036 ****61.25

DOCUMENT # 732350

1. Entity Name

ST. CATHERINE'S EPISCOPAL CHURCH, INC.

R

Principal Place of Business

Mailing Address

502 DRUID HILLS RD.
 TEMPLE TERRACE FL 33617-0853

502 DRUID HILLS RD.
 TEMPLE TERRACE FL 33617-0853

00078865



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

59-6509496

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

~~RHEA, DOUGLAS
 13928 PATHFINDER DRIVE
 TAMPA FL 33625~~

Name **JUNE MANSFIELD**

Street Address (P.O. Box Number is Not Acceptable)

407 PARK RIDGE AVE

City **TEMPLE TERRACE**

FL

Zip Code **33617**

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

J. Mansfield

JUNE D. MANSFIELD

8-2-2000

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
 After September 13, 2000 min. will be \$236.25

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	DT	<input checked="" type="checkbox"/> Delete
NAME	RHEA, DOUGLAS	
STREET ADDRESS	13928 PATHFINDER DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEWYNSE, MANON	
STREET ADDRESS	8205 W. RIVERCHASE DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORRIS, DAVE	
STREET ADDRESS	11303 LINBANKS PL.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUNE MANSFIELD	
STREET ADDRESS	407 PARK RIDGE AVE.	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

June Mansfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-2000 813-639-5188
 Date Daytime Phone #

CR2E037 (5/00)