

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90047 034 ****61.25

DOCUMENT # 737444

1. Entity Name
HOLY SACRAMENT EPISCOPAL CHURCH, INC.



Principal Place of Business
**2801 NORTH UNIVERSITY DR.
HOLLYWOOD, FL 33024**

Mailing Address
**2801 NORTH UNIVERSITY DR.
HOLLYWOOD, FL 33024**

40011071



DO NOT WRITE IN THIS SPACE

01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6514885

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, WILSON F
2801 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024**

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IN THIS SPACE**

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.

SIGNATURE: *F. Wilson Brown Jr.* 1/24/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	KEIZS, BEVERLY
STREET ADDRESS	9114-C SW 20TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 333245074
TITLE	P
NAME	BROWN, WILSON F
STREET ADDRESS	2801 N. UNIVERSITY DRIVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	M
NAME	LUE, STAFFORD
STREET ADDRESS	7528 NW 17TH DR
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	MD
NAME	BLAKE, SONIA
STREET ADDRESS	1006 SW 113TH TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	S
NAME	EDDY, KAREN
STREET ADDRESS	15801 SEDGEWYCK CR. N.
CITY-ST-ZIP	DAVIE, FL 333313447
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *F. Wilson Brown Jr.* 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #