

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 90719 022 ****70.00

DOCUMENT # 739802

1. Entity Name

ST. THOMAS EPISCOPAL CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

5690 SW 88TH ST
 MIAMI FL 33156

5690 SW 88TH ST
 MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0751930

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOBIN, ROGER M
5401 BANYAN DRIVE
MIAMI FL 33156

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 The Rev. Roger M. Tobin

4/30/02

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 PSD Delete
 NAME MCCAMMON, KAREN
 STREET ADDRESS 6471 SUNSET DRIVE
 CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE BSD Change Addition
 NAME Priscilla Potter
 STREET ADDRESS 7240 SW 127 Street
 CITY-ST-ZIP Pinecrest, FL 33156

TITLE DV Delete
 NAME HOOD, STEVEN
 STREET ADDRESS 7843 S.W. 166TH STREET
 CITY-ST-ZIP MIAMI FL 33157

TITLE DV Change Addition
 NAME Bob ~~Organ~~
 STREET ADDRESS 12100 SW 109 Avenue
 CITY-ST-ZIP Miami, FL 33176

TITLE D Delete
 NAME TOBIN, ROGER M
 STREET ADDRESS 5475 BANYAN DR.
 CITY-ST-ZIP MIAMI FL 33156

Change Addition
 NAME
 STREET ADDRESS 5401 Banyan Drive

TITLE D Delete
 NAME JOHNSON, CHARLIE
 STREET ADDRESS 2120 N GREENWAY DRIVE
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME PROPECK, DAVID
 STREET ADDRESS 9001 SW 201 STREET
 CITY-ST-ZIP MIAMI FL 33189

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:

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

Date

Daytime Phone #

305-661-3436

CR2E037 (9/01)