

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90192 005 ****70.00

DOCUMENT # 739802

1. Entity Name

ST. THOMAS EPISCOPAL CHURCH, INCORPORATED



Principal Place of Business

**5690 SW 88TH ST
MIAMI FL 33156**

Mailing Address

**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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TOBIN, ROGER M
5401 BANYAN DRIVE
MIAMI FL 33156**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	POTTER, PRISCILLA	
STREET ADDRESS	7240 SW 127 STREET	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ORBAN, BOB	
STREET ADDRESS	12100 SW 109 AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOBIN, ROGER M	
STREET ADDRESS	5401 BANYAN DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CHARLIE	
STREET ADDRESS	2120 N GREENWAY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PROPECK, DAVID	
STREET ADDRESS	9001 SW 201 STREET	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Johnson	
STREET ADDRESS	2120 N Greenway Dr.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Lewis	
STREET ADDRESS	5401 SW 64 Place	
CITY-ST-ZIP	Miami FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Kalbac	
STREET ADDRESS	5750 SW 48 St	
CITY-ST-ZIP	Miami FL 33155	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juli Newman	
STREET ADDRESS	935 Escobar	
CITY-ST-ZIP	Coral Gables, FL 33134	
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: **None of the Above** REQUIRED

305-661-3436

CR2E037 (10/02)