

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744531

1. Entity Name

ST. MARY'S EPISCOPAL CHURCH OF BONITA SPRINGS, I

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90059 011 ****61.25

Principal Place of Business 9801 BONITA BEACH ROAD BONITA SPRINGS FL 34135 US	Mailing Address NGS. INC. P.O. BOX 1923 BONITA SPRINGS FL 34133-1923 US
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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 65-0337233	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LARSEN, R JAMES REV.
8915 TREASURE CAY LANE
BONITA SPRINGS FL 34135**

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.

SIGNATURE _____ (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

TITLE CD	<input type="checkbox"/> Delete
NAME LARSEN, R JAMES REV	
STREET ADDRESS 9815 TREASURE CAY LANE	
CITY-ST-ZIP BONITA SPRINGS FL 34135	
TITLE PD	<input type="checkbox"/> Delete
NAME TRAX, WILLIAM	
STREET ADDRESS 28790 HUNTERS COURT	
CITY-ST-ZIP BONITA SPRINGS FL 34135	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME HILDRETH, JAMEL	
STREET ADDRESS 9766 TONYA COURT	
CITY-ST-ZIP BONITA SPRING FL 34135	
TITLE ST	<input type="checkbox"/> Delete
NAME RALPH, HILL	
STREET ADDRESS 3330 MONTARA DR.	
CITY-ST-ZIP BONITA SPRINGS FL 34134	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME WALKER, J. CALVIN	
STREET ADDRESS 3301 GLEN CAIM CT. #203	
CITY-ST-ZIP BONITA SPRINGS FL 34134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	UD
STREET ADDRESS	Burnham, Walter
CITY-ST-ZIP	26811 Clark st Dr. # 14104
	Bonita Springs, FL 34135
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Wagner, Steve
CITY-ST-ZIP	170 215th St. SW
	Naples, FL 34117
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: *JAMES LARSEN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/13/00** Daytime Phone #: **94-992-4343**

CR2E037 (9/99)