

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90304 022 \*\*\*\*61.25

**DOCUMENT # 744531**

1. Entity Name

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

Principal Place of Business

9801 BONITA BEACH ROAD  
 BONITA SPRINGS FL 34135  
 US

Mailing Address

NGS. INC.  
 P.O. BOX 1923  
 BONITA SPRINGS FL 33959-1923  
 US

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 **65-0337233**

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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	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 checked="" type="checkbox"/> Delete
NAME	TRAX, WILLIAM	
STREET ADDRESS	28790 HUNTERS COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNHAM, WALTER	
STREET ADDRESS	26811 CLARKSTON DR #14104	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RALPH, HILL	
STREET ADDRESS	3330 MONTARA DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGNER, STEVE	
STREET ADDRESS	170 15TH ST SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Desmond, James M	
STREET ADDRESS	8114 Costa Brava Ct	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wagner Steve	
STREET ADDRESS	170 15th St. SW	
CITY-ST-ZIP	Naples, FL 34117	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sadie Nevin	
STREET ADDRESS	20940 Rivers Ford	
CITY-ST-ZIP	Esco, FL 33928	
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 M. Desmond 2/17/01 941-598-0369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)