

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90106 040 \*\*\*\*61.25

**DOCUMENT # 744531**

1. Entity Name

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

Principal Place of Business

Mailing Address

**9901 BONITA BEACH ROAD  
 BONITA SPRINGS FL 34135  
 US**

**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

**LAHSEN, R JAMES REV:  
 8915 TREASURE CAY LANE  
 BONITA SPRINGS FL 34135**

Name

**Rev. Barbara D Parini**

Street Address (P.O. Box Number is Not Acceptable)

**760 Tarpon Cove Drive - unit # 201**

City

**Naples**

**FL**

Zip Code  
**34110**

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. Barbara D Parini*

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 **CD**  Delete  
 NAME **LAHSEN, R JAMES REV**  
 STREET ADDRESS **9815 TREASURE CAY LANE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **CD**  Change  Addition  
 NAME **Parini, Barbara D**  
 STREET ADDRESS **760 Tarpon Cove Dr - unit # 201**  
 CITY-ST-ZIP **Naples, FL 34110**

TITLE **TD**  Delete  
 NAME **DESMOND, JAMES M**  
 STREET ADDRESS **8114 COSTA BRANCH CT**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **BURNHAM, WALTER**  
 STREET ADDRESS **26811 CLARKSTON DR #14104**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VD**  Change  Addition  
 NAME **Don McClean**  
 STREET ADDRESS **27671 Hacienda E Blvd #322A**  
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **PD**  Delete  
 NAME **WARNER, STEVE**  
 STREET ADDRESS **170 15TH ST SW**  
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE **PD**  Change  Addition  
 NAME **Lings, Kenneth**  
 STREET ADDRESS **8410 Abbingten Circle - A14**  
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **S**  Delete  
 NAME **NEVIN, SADIE**  
 STREET ADDRESS **20940 RIVERS FORD**  
 CITY-ST-ZIP **ESTERO FL 33928**

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:

*James M Desmond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

941-598-0369

Daytime Phone #

CR2E037 (9/01)