

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90002 005 ****61.25

DOCUMENT # 747192

1. Entity Name

SAINT GILES CHURCH, EPISCOPAL, INC.



Principal Place of Business

8271 52ND ST NORTH
 PINELLAS PARK FL 34665

Mailing Address

8271 52ND ST NORTH
 PINELLAS PARK FL 34665

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6181589

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

WASSON, SANDRA
 8381 56TH WAY NORTH
 PINELLAS PARK FL 34665

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

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	WASSON, SANDRA	
STREET ADDRESS	8381 56TH WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRZEGORCZYK, JACQUELINE	
STREET ADDRESS	3980 108TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOFGREN, GENE	
STREET ADDRESS	5220-90TH TERRACE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, CAROL	
STREET ADDRESS	3827 50TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTNETT, JOHN L REV.	
STREET ADDRESS	12151 72ND WAY NORTH	
CITY-ST-ZIP	LARGO FL 34643	
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		
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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: *The Rev. John L. Hartnett* The Rev. John L. Hartnett 8/14/00 (727) 544-6856
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)