

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90105 033 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 747927**

1. Corporation Name

**THE CHURCH OF SAINT AUGUSTINE OF CANTERBURY, INC**

Principal Place of Business  
**4100 FORREST HILL BLVD.**  
**WEST PALM BEACH FL 33406**

Mailing Address  
**4100 FORREST HILL BLVD.**  
**WEST PALM BEACH FL 33406**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>06/29/1979</b> 4. FEI Number <b>59-2294674</b> 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>\$8.75</b> Additional Fee Required <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

**AMASON, DAVID L.**  
**328 E. LAKEWOOD ROAD**  
**WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NO "E" Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, JOHN D.	1.2 NAME	
STREET ADDRESS	3535 VALLEY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	
TITLE	DBM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, JOHN JR	2.2 NAME	
STREET ADDRESS	1840 LAKEWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCZYNSKI, JERRY	3.2 NAME	
STREET ADDRESS	11715 56TH PLACE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	3.4 CITY-ST-ZIP	
TITLE	DBM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, JOHN A	4.2 NAME	
STREET ADDRESS	210 PLANTATION BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMASON, DAVID L	5.2 NAME	
STREET ADDRESS	328 E LAKEWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DBM	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, BEVERLY	6.2 NAME	
STREET ADDRESS	517 NORTH C STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE NORTH FL 33460	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a title like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

0041359