

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 30, 2002 8:00 am
Secretary of State

04-17-2002 90029 020 ****61.25

DOCUMENT # 747927

1. Entity Name

THE CHURCH OF SAINT AUGUSTINE OF CANTERBURY, INC

Principal Place of Business

Mailing Address

4100 FORREST HILL BLVD.
 WEST PALM BEACH FL 33406

4100 FORREST HILL BLVD.
 WEST PALM BEACH FL 33406

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

59-2294674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMASON, DAVID L.
328 E. LAKEWOOD ROAD
WEST PALM BEACH FL 33405

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 filer's applicant.

(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 ☒ Delete
 NAME **SHUMAN, JOHN D.**
 STREET ADDRESS **3535 VALLEY WAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☒ Addition
 NAME **DBM GARY Culligan**
 STREET ADDRESS **215 Baker Drive**
 CITY-ST-ZIP **West Palm Beach FL 33409-3803**

TITLE ☐ Delete
 NAME **DBM MANDELL, JOHN JR**
 STREET ADDRESS **1840 LAKEWOOD DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☒ Addition
 NAME **DBM Deborah Kalina**
 STREET ADDRESS **2004 N.W. 22nd Street**
 CITY-ST-ZIP **Boynton Beach FL 33436-2529**

TITLE ☐ Delete
 NAME **S APPLEBY, RICHARD**
 STREET ADDRESS **1232 W BROWARD ST**
 CITY-ST-ZIP **LANTANA FL**

TITLE ☐ Change ☒ Addition
 NAME **DBM AL Guardo**
 STREET ADDRESS **11545 66th Street W.**
 CITY-ST-ZIP **Royal Palm Beach FL 33412-386**

TITLE ☒ Delete
 NAME **DBM LEONE, JOHN A**
 STREET ADDRESS **210 PLANTATION BLVD**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☒ Addition
 NAME **DBM Richard Bragg**
 STREET ADDRESS **4679 Martha Louise Drive**
 CITY-ST-ZIP **West Palm Beach FL 33417-2903**

TITLE ☐ Delete
 NAME **T SARGENT, GRETCHEN**
 STREET ADDRESS **1210 CHOCTAW STREET**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **DBM GOODWIN, DOROTHY**
 STREET ADDRESS **2724 S GADSDEN DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33461**

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:

Gretchen A. Sargent (Gretchen A. Sargent)

(561) 743-1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)