

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90037 030 \*\*\*\*61.25

**DOCUMENT # 747927**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242004 Chg-NP CR2E037 (10/03)

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

*14 March, 2004*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                                |                                                                               |                                            |
|------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DMGR<br>CULLIGAN, GARY<br>215 BAKER DR<br>WEST PALM BEACH, FL 334093803       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MONROE, JAMES G<br>1961 N.W. 35TH TERRACE<br>COCONUT CREEK, FL 33061    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>APPLEBY, RICHARD<br>1232 W BROWARD ST<br>LANTANA, FL                     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DMGR<br>KALINER, DEBORAH<br>2004 N.W. 22ND ST.<br>BOYNTON BEACH, FL 334362529 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DMGR<br>CLELAND, BRUCE<br>10061 PENTANCE LN.<br>ROYAL PALM BEACH, FL 33411    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPM<br>BARBELLA, JUDY<br>1576 JODY LANE<br>WEST PALM BEACH, FL 334174719      | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

|                                                |                                                                                      |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>V/T Trustee</i><br>John Mandell<br>1840 Lakeshore Ave<br>West Palm Beach FL 33409 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Secretary</i><br>Jane Bragg<br>4679 Martha Louise Dr.<br>West Palm Beach FL 33417 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Treasurer</i><br>Gretchen Sargent<br>1210 Choctaw St<br>Jupiter FL 33458          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>DMGR</i><br>Erskine Wells<br>4758 Sunny Palms Circle<br>West Palm Beach FL 33415  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>DMGR</i><br>Thomas Burroughs<br>P.O. Box 2925<br>Palm Beach FL 33480-2925         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*14 March 2004* /-877-614-9318

Date

Daytime Phone #

Attachment

54027471

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#747927

V/MGR

John Mandell  
1840 Lakeshore Ave  
WPB FL 334109

Secretary

Jane Bragg  
4679 Martha Louise Dr  
WPB FL 33417

Treasurer

Gretchen Sargent  
1210 Choctaw St  
Jupiter FL 33458

DMGR

Erskine Wells  
4758 Sunny Palms Circle  
WPB FL 33418

DMGR

Thomas Burroughs  
P.O. Box 2925  
Palm Beach FL 33480-2925

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