## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 750949**

1. Entity Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

## CHRIST EPISCOPAL CHURCH OF BRADENTON, INC.

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|      |

04-28-2003 91828 003 \*\*\*\*61.25

**FILED** 

Apr 28, 2003 8:00 am Secretary of State

| 4030 MANATEE AVENUE WEST 40                  |                               |  |                   | g Address<br>ANATEE AVENUE W<br>NTON FL 34205-1717      |                        |                |                              | 1 100                            |            | DIFFE BAITO (BULLATRIO | 6 <b>0</b> 01 <b>410</b> 01 <b>0</b> 1011 | IJEN BIBN BIB                  | 111 <b>211</b> 17 1 <b>18</b> 1 |                 |
|--|-------------------------------|--|-------------------|---|------------------------|----------------|------------------------------|----------------------------------|------------|------------------------|---|--------------------------------|---------------------------------|-----------------|
| 2. Principal Place of Business 3. N          |                               |  |                   | . Mailing Address                                       |                        |                |                              |                                  |            |                        |   |                                |                                 |                 |
| Suite, Apt. #, etc. S                        |                               |  |                   | Suite, Apt. #, etc.                                     |                        |                | CHECK HERE IF MAKING CHANGES |                                  |            |                        |   |                                |                                 |                 |
| City & State                                 |                               |  | City & State      |   |                        |                |                              | 4. FEI Number 59-0917272         |            |                        |   |                                | oplied For                      | 7               |
| Zip  | Country Zip                   |  |                   | Zip Country   |                        |                |                              | 5. Certificate of Status Desired |            |                        |   | 8.75 Additional<br>ee Required |                                 |                 |
|  | 6. Name                       | and Address of Current                         | Registered        | d Agent   |                        |                |                              | 7. Name a                        | nd Ad      | dress of New Re        | gistered Ag                               | ent                            |                                 | 1               |
|  |                               |  |                   |   |                        | Name           |                              |                                  |            |                        |   |                                |                                 | 1               |
| KEZAR, DENNIS D.<br>4030 MANATEE AVENUE WEST |                               |  |                   | en e                |                        |                | ddress (F                    |                                  |            | Not Acceptable)        |   |                                |                                 |                 |
| BRADEN                                       | TON FL 342                    | 205  |                   |   |                        |                |                              |                                  |            |                        |   |                                |                                 |                 |
|  |                               |  |                   |   |                        | City           |                              |                                  |            |                        | FL  | Zip Cod                        | e                               | -               |
|  | nåmed entit<br>tions of regis | y submits this statement for<br>tered agent.   | the purpo         | ose of changing its                                     | registere              | ed office o    | r registere                  | ed agent, or                     | both, ir   | the State of Flore     | ida. I am far                             | niliar with,                   | and accept                      |                 |
| SIGNATURE .                                  | Signature, typed              | or printed name of registered agent a          | nd title if appli | icable. (NOTE   | : Registere            | d Agent signat | ture required                | when reinstating)                |            |                        | DATE                                      |                                |                                 |                 |
| FILE NOW: FEE IS \$61.25                     |                               |  |                   | 9. Election Campaign Financing Trust Fund Contribution. |                        |                | \$5.00 Ma<br>Added to Fe     | y Be<br>es                       |            | e Check<br>a Departn   |   |                                |                                 |                 |
| 10.  |                               | OFFICERS AND DIF                               | ECTORS            |   | 11.                    |                | A                            | ADDITIONS/0                      | CHANG      | SES TO OFFICER         | S AND DIRE                                | CTORS IN                       | 10                              | 1               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |                               | RTY, JIM<br>D AVENUE DRIVE WEST<br>ON FL 34209 | -                 | ☐ Delete  |                        |                |                              |                                  |            |                        | [   | Change                         | ☐ Addition                      | CR2E037 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        | PD<br>KEZAR, D<br>1620 70 S   | ennis d.                                       |                   | ☐ Delete  |                        |                |                              |                                  |            |                        | [   | Change                         | ☐ Addition                      | CR2E            |
| TITLE NAME  STREET ADDRESS CITY-ST-ZIP       | 507 84TH                      | RAHAM-STREET NW<br>ON FL 34209                 |                   | ☐ Delete  | STRE                   |                | ت متاجہ                      |                                  | المراجعيات | ب ب نوان معقود امن     |   | Change                         | Addition                        | gr -            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        | S<br>LAPERRIE<br>607 133RI    |  |                   | ☐ Delete  | TITLE<br>NAME<br>STREE |                |                              |                                  |            |                        | [   | Change                         | ☐ Addition                      |                 |
| TITLE<br>NAME                                | D<br>ARGEROS                  |  |                   | Delete  | TITLE                  |                | D<br>W#1                     | TAKE                             | e. ,       | CHARLE                 | s TR                                      | Change                         | Addition                        |                 |

, FL 34209 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

5920 RIVERVIEW BLVD

**BRADENTON FL 34209** 

7808 SAN JUAN AVE

**BRADENTON FL 34209** 

**NORRIS, LINDA** 

RE REQUIRED

Delete

4/24/03 (941) 747, 3709

Change

CIRCLE

5407 DIST AUE. WEST

WILLOW OAK

CAJOLEAS

BRADENTON

BRADENTON

GEORGE

6107