

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90860 044 ****61.25

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DOCUMENT # 759076

1. Entity Name

ST. CLEMENT'S EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

706 WEST 113TH AVENUE
 PO BOX 17342
 TAMPA FL 33682

706 WEST 113TH AVENUE
 PO BOX 17342
 TAMPA FL 33682

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

59-1306561

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

7. Name and Address of New Registered Agent

CHAPMAN, ALTON J REV
16002 HONEYSUCKLE PL
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	P	<input type="checkbox"/> Delete
NAME	CHAPMAN, ALTON J	
STREET ADDRESS	16002 HONEYSUCKLE PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CHARLES II	
STREET ADDRESS	1105 S PINE LAKE DR	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAHAM, MARY O	
STREET ADDRESS	9519 HIGHLAND AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JEAN	
STREET ADDRESS	11507 LAKE RIDGE RD.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYON-HALL, ELIZABETH	
STREET ADDRESS	8403 RIVERCHASE DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAMLIN, KAREN	
STREET ADDRESS	11305 N MARJORIE	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mack, Teresa	
STREET ADDRESS	16117 Country Crossing	
CITY-ST-ZIP	Tampa, FL 33624	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Alton J. Chapman (Alton J. Chapman)

03/21/02

(813) 932-6204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)