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

DOCUMENT # 759076

1. Entity Name

ST. CLEMENT'S EPISCOPAL CHURCH, INC.



FILED Apr 16, 2003 8:00 am § Secretary of State

04-16-2003 90274 025 ****61.25

TAMPA F, 3882 2. Principal Place of Business Suite, Apt. F, etc. Suite, Apt. F, etc. City 6. State City 7. Hame and Address of New Registered Agant City 8. The address (Po. Box Number is Not, Acceptable). City FL Zip Code City 6. State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar with, and accept the obligations of registered agant, or both, in the State of Finds. I am familiar wit					2 TSS					
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City & State City & State City & State Country Country Country Country Country Country Country Country S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Name Name City & State Door Nountber of New Registered Agent City FL Zip Code Ci	2. Principal F	Place of Business	3. Mailing Address	Mailing Address						
Post Applicable Post Appli	Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Price Requisited \$8.75 Additional Price	City & Star	te	City & State	City & State		4. FEI Number 59-1306561 Applied For Not Applicable				
CHAPMAN, ALTON J REV 16002 HONEYSUCKLE PL TAMPA FL 33624 City FL Zip Code City FL	Zip Country		Zip	Cip Country		5 Cartificate of Status Desired S8.75 Additional				
CHAPMAN, ALTON J REV 16002 HONEYSUCKLE PL TAMPA FL 33624 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. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State Plotters of Florida Department of State Plotters of Florida Department of State Plotte		6. Name and Address of Current	Registered Agent		\	7. Name and Address	of New Registere	d Agent		
TAMPA FL 33624 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Defices Anded to Fees TILE NAME TRUST AUDIESS TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition MACK, TERESA TAMPA RI. TILE MACK, TERESA TAMPA FL 33624 TILE MACK TERESA TAMPA FL 33624 TILE TILE MACK TERESA TAMPA FL 33624 TOTIST JP TILE MACK TERESA TAMPA FL 336318 TILE D DAVIS, JERRY 1923 ERAINERD CT. TITTZ, FL 33549 CITY-ST-2P TAMPA FL 33618 TILE D DAVINON/CZYK, RICHARD STREET AUDRESS STRE				Name						
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SiGNATURE Signature, typed or priced wave of registered agent and the all sportcoble. (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida accept the sport agent agent and the all sport agent	16002 H	ONEYSUCKLE PL	Street A	Street Address (P.O. Box Number is Not Acceptable)						
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The corporation or the receiver of trustee empowered. If the exemption stated HINGS in \$19.07(3) (A) Provide 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 an other like empowered.

SIGNATURE:

Daytime Phone #