

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90075 010 ****61.25

DOCUMENT # 771192

1. Entity Name

ST. STEPHEN'S EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

2750 MCFARLANE ROAD
 COCONUT GROVE FL 33133

2750 MCFARLANE ROAD
 COCONUT GROVE FL 33133-6026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *Same*

Suite, Apt. #, etc. *Same*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0638488

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

COLLINS, MARGARET
8460 SW 156 PL #714
MIAMI FL 33193

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

Margaret Collins **MARGARET COLLINS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/2000

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 **R MCCLOSKEY, ROBERT J.**
 STREET ADDRESS **2750 MCFARLANE RD.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DENTON, BONELL**
 STREET ADDRESS **5935 S.W. 29 ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BAILEY, GUY**
 STREET ADDRESS **441 RIDGE RD.**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE Change Addition
 NAME **P**
 STREET ADDRESS **9370 SW 93 PL.**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE Delete
 NAME **C MACARTHUR, DOUGLAS**
 STREET ADDRESS **7240 SW 83ST PL 2C9**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME **C**
 STREET ADDRESS **MICHAEL MOORE**
 CITY-ST-ZIP **3515 ANDERSON RD**
CORAL GABLES, FL 33134

TITLE Delete
 NAME **S WALKER, ARDYTH**
 STREET ADDRESS **8221 SW 72 AVE #380**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HARPER, MELINDA**
 STREET ADDRESS **629 ALTARA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 3314**

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:

Margaret Collins **MARGARET COLLINS**
Melinda C. Harper **Melinda C. Harper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2000 **3054482601**

CRZE037 (9/99)