

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91570 037 ****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

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

59-0638488

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 **JACK LOWELL**

Street Address (P.O. Box Number is Not Acceptable)
2750 MCFARLANE ROAD

City **MIAMI**

FL

Zip Code **33133**

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

Jack Lowell

JACK LOWELL

3/15/01

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 NAME Delete
P
BAILEY, GUY JR
 STREET ADDRESS **9370 S.W. 93 PLACE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE NAME Delete
D
CANDELA, ANDRES DR
 STREET ADDRESS **94 BAY HEIGHTS DRIVE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE NAME Delete
T
CARLTON, JAMES
 STREET ADDRESS **141 N.W. 96 STREET**
 CITY-ST-ZIP **MIAMI SHORES FL 33150**

TITLE NAME Delete
C
MOORE, MICHAEL
 STREET ADDRESS **3515 ANDERSON ROAD**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

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

TITLE NAME Change Addition
P SENIOR WARDEN
JACK LOWELL
 STREET ADDRESS **185 W. SUNRISE AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33133**

TITLE NAME Change Addition
D
BONELL DENSON
 STREET ADDRESS **5935 SW 295T.**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE NAME Change Addition
T
ANGELA GODDARD
 STREET ADDRESS **2925 CATALINA ST.**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE NAME Change Addition
V JR. WARDEN
GILLIAN HORNBY
 STREET ADDRESS **155 NOBINSIDE DRIVE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE NAME Change Addition
S
REBECCA RIEGER
 STREET ADDRESS **1651 NOCATA DR**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE NAME Change Addition
FR D
JACK GOIST
 STREET ADDRESS **5601 SW 76 ST. #2**
 CITY-ST-ZIP **MIAMI, FL 33143**

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 OF REGISTERED AGENT JACK LOWELL

3/15/01

305 5802454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)