


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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90083 041 \*\*\*\*61.25

**DOCUMENT # 771192**  
1. Entity Name  
**ST. STEPHEN'S EPISCOPAL CHURCH, INC.**



Principal Place of Business      Mailing Address  
**2750 MCFARLANE ROAD**      **2750 MCFARLANE ROAD**  
**COCONUT GROVE FL 33133**      **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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0638488**      Applied For  
Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**LOWELL, JACK**  
**2750 MCFARLANE ROAD**  
**MIAMI FL 33133**

Name ~~Sandra Bell~~  
Street Address (P.O. Box Number is Not Acceptable) **2750 McFarlane**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sandra T. Bell      *Sandra T. Bell*      February 10, 2003  
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSW <b>LOWELL, JACK</b> <i>Lowell, John</i> <input type="checkbox"/> Delete <b>185 W SUNRISE AVE</b> <b>CORAL GABLES FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R <b>Allen-Faiella, Willifred</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2750 McFarlane Road</b> D <b>Coconut Grove, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>DENTON, BONELL</del> <i>FLOY BONELL DENTON</i> <input type="checkbox"/> Delete <b>5935 SW 29 ST</b> <b>MIAMI FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW <b>Floy Bonell Denton</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5935 SW 29 Street</b> D <b>Miami, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>HORNBY, SIMON</del> <input type="checkbox"/> Delete <b>155 MORINGSIDE DR.</b> <b>MIAMI FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>MARTIN, JANET</del> <input checked="" type="checkbox"/> Delete <b>3500 MAIN ST.</b> <b>MIAMI FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSW <b>Lowell, John</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>185 W. Sunrise Avenue</b> D <b>Coral Gables, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>GEIST, JACK</del> <input checked="" type="checkbox"/> Delete <b>5601 SW 78 ST, #2</b> <b>MIAMI FL 33143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>Loretta Beynon</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7865 Camina Real #L403</b> <b>Miami, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      **3/7/03 3054482601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2037 (10/02)