

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004438

1. Entity Name

LAKE MARTIN EPISCOPAL RETREAT, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90179 018 ****61.25

Principal Place of Business Mailing Address
757 HIGHWAY 98 #14-261 757 HIGHWAY 98 #14-261
DESTIN FL 32541 DESTIN FL 32541-2561

2. Principal Place of Business 3. Mailing Address
The Marriage Retreat The Marriage Retreat
4421 Commons Dr E,PMB 404 4421 Commons Dr E,PMB 404
Destin, FL 32541-3487 Destin, FL 32541-3487

City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
63-0892596 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOBLEY, FORREST C REV/DR
757 HIGHWAY 98 EAST #14-261
DESTIN FL 32541

NEW ADDRESS
Forrest C. Mobley
4421 Commons Dr E,PMB 404
Destin, FL 32541-3487

7. Name and Address of New Registered Agent

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 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 \$5.00 May Be
Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOBLEY, FORREST C REV/DR	
STREET ADDRESS	757 HIGHWAY 98 EAST #14-261	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOBLEY, NANCY MRS	
STREET ADDRESS	757 HIGHWAY 98 EAST #14-261	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	C	<input type="checkbox"/> Delete
NAME	LANCE, WILLIAM DR	
STREET ADDRESS	271 BRADLEY DRIVE	
CITY-ST-ZIP	FT COLLINS CO 30524	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ANDERSON, RUSSELL	
STREET ADDRESS	2 CADE CIRCLE	
CITY-ST-ZIP	UNION SPRINGS AL 36089	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLACK, HUNTER	
STREET ADDRESS	8326 WYNLAKE BLVD	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARDONNER, DAVE	
STREET ADDRESS	497 DEERPOINT DR.	
CITY-ST-ZIP	GLUF BREEZE FL 32561	

11. ADDITIONAL OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milling, Pris	
STREET ADDRESS	18935 Scenic Highway 98	
CITY-ST-ZIP	Fairhope, AL 36532	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hosley, Sharon	
STREET ADDRESS	80 - 2 Mile Creek Road	
CITY-ST-ZIP	Old Lyme, CT 06371	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hosley, Hoz	
STREET ADDRESS	80 - 2 Mile Creek Road	
CITY-ST-ZIP	Old Lyme, CT 06371	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forrest C. Mobley	
STREET ADDRESS	4421 Commons Dr E,PMB 404	
CITY-ST-ZIP	Destin, FL 32541-3487	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy M. Mobley	
STREET ADDRESS	4421 Commons Dr E,PMB 404	
CITY-ST-ZIP	Destin, FL 32541-3487	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME

Rev. Dr. Forrest C. Mobley

Date

Daytime Phone #

850 650 8000

CR2E037 (9/99)