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

## DOCUMENT # **F96000004438**

1. Entity Name

LAKE MARTIN EPISCOPAL RETREAT, INC.



FILED
Mar 06, 2003 8:00 am 
Secretary of State

03-06-2003 90117 010 \*\*\*\*61.25

THE MARRIAGE RETREAT 4421 COMMONS DR E. PMB 404			THE M 4421 (	Mailing Address THE MARRIAGE RETREAT 4421 COMMONS DR E. PMB 404 DESTIN FL 32541			- 	(18 82)(8 88(3) 88(4) 48(3) 84	elle <b>10</b> 41 <b>e</b> 1014 <b>11000</b> i	<b>    </b>
2. Principal Place of Business				ling Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 6	3-0892596	<u> </u>	oplied For ot Applicable
Zip Country		Zip		Co	untry	5. Certificate of St	atus Desired 🔲	\$8.75 Add	ditional	
	6. Name	and Address of Current	Registere	d Agent	L	T.	7 Name and Add	ress of New Registe		
			_			Name	7. Name and Acc	ess of New Hogiste	red Agent	
	ommons di	C REV/DR	and the second of the second o	, - <u>-</u>	<=	Street Address (	(P.O. Box Number is N	ot Acceptable)	**	
DESTIN FL 32541						City	· <del>-</del>	·	FL Zip Cod	e
8. The above	e named entit	y submits this statement fo	r the purp	ose of changing its	register	I ed office or register	red agent, or both, in	•	· <del>-</del> 1	and accept
signature	ations of regist	ered agent.		:						
SIGNATORE		or printed name of registered agent	and title if app	licable. (NOTE	E: Registere	d Agent signature required	d when reinstating)	DA	Œ	
					<del>.</del>		<del> </del>			
FILE NOW: FEE IS \$61.25				Election Campaign Financi     Trust Fund Contribution.			\$5.00 May Be Added to Fees		eck Payable partment of \$	
10. •		OFFICERS AND DIF	PECTORS		11.		ADDITIONS/CHANGE	C TO OFFICERS AND	DIDECTORS &	10
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		information supplied with	Alada Biliana	da a a a a da a a dife da a	diam'r.					

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:

CAN CAMBER SINFORMS ( Mobley

3/4/03

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