

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90057 042 ****61.25

DOCUMENT # N00000008015

1. Entity Name

ST. MARY'S GRAND CHRISTIAN ENCAMPMENT, INC.

Principal Place of Business

Mailing Address

**284 NE 80TH TERRACE
 MIAMI FL 33138**

**284 NE 80TH TERRACE
 MIAMI FL 33138**

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

65-1067170

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

**THOMAS, MAXINE
 11140 NW 22ND COURT
 MIAMI FL 33167**

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 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	D <input type="checkbox"/> Delete
NAME	MILLER, IRIS
STREET ADDRESS	1930 NW 191 ST
CITY-ST-ZIP	MIAMI FL 33056
TITLE	D <input type="checkbox"/> Delete
NAME	RITCH, GLORIA
STREET ADDRESS	2202 N 28TH AVE
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, MAXINE
STREET ADDRESS	11140 NW 22ND COURT
CITY-ST-ZIP	MIAMI FL 33167
TITLE	D <input type="checkbox"/> Delete
NAME	LE MIGNOT, NORMA
STREET ADDRESS	3920 NE 16TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33334
TITLE	D <input type="checkbox"/> Delete
NAME	DALEY, CATHERINE
STREET ADDRESS	2215 MAYO STREET
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D <input type="checkbox"/> Delete
NAME	CRICHTON, NOLA
STREET ADDRESS	3631 SW 47 AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33023

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: IRIS MILLER *[Signature]* **3-31-02** **3056257606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)