

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90161 026 ****61.25

DOCUMENT # N00000008015



1. Entity Name
ST. MARY'S GRAND CHRISTIAN ENCAMPMENT, INC.

Principal Place of Business

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

Mailing Address

**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

4. FEI Number **65-1067170**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

MILLER, IRIS

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

1930 NW 191 STREET

City

MIAMI, FL. 33056

FL

Zip Code
33056

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

IRIS MILLER - S.

4-2-03

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	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
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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 RE/RISED MILLER 4-2-03 305.625-7606

CR2E037 (10/02)