

# 2001 UNIFORM BUSINESS REPORT (UBR)

6/11

**FILED**  
**Jul 03, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90430 026 \*\*\*\*70.00

**DOCUMENT # N00000008566**

1. Entity Name

**EPISCOPAL COMMUNITY MINISTRIES, INC.**

LA

Principal Place of Business

Mailing Address

**312 N 2ND ST  
 PALATKA FL 32177**

**312 N 2ND ST  
 PALATKA FL 32177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3688353**

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

**CURRIE, ALLYSON B  
 312 N 2ND ST  
 PALATKA FL 32177**

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	DP	<input type="checkbox"/> Delete
NAME	MARSH, ROBERT F JR	
STREET ADDRESS	312 N 2ND ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRADY, RICHARD C	
STREET ADDRESS	312 N 2ND ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLIER, DUANE	
STREET ADDRESS	312 N 2ND ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINES, SARA	
STREET ADDRESS	312 N 2ND ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, WILLARD	
STREET ADDRESS	312 N 2ND ST	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DABNEY, DEAN	
STREET ADDRESS	312 N 2ND ST	
CITY-ST-ZIP	PALATKA FL 32177	

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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STREET ADDRESS	
CITY-ST-ZIP	
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 life empowered.

SIGNATURE:

*Robert F. Marsh*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6.5.01**

**386.328.1474**

Date

Daytime Phone #

CR2E037 (10/00)