

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90289 005 \*\*\*\*61.25

00301\*

**DOCUMENT # N02522**

1. Entity Name  
**THE EPISCOPAL CHURCH OF THE HOLY APOSTLES**

Principal Place of Business %LOUIS A. TOWSON 505 GRANT AVENUE SATELLITE BEACH FL 32937	Mailing Address %LOUIS A. TOWSON 505 GRANT AVENUE SATELLITE BEACH FL 32937
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DO NOT WRITE IN THIS SPACE

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 <b>59-1655830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TOWSON, LOUIS A.**  
**505 GRANT AVENUE**  
**SATELLITE BEACH FL 32937**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME	TD <b>COUCH, DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>610 TORTOISE WAY</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE NAME	D <b>GODFREY, RANDALL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>295 CHERRY DRIVE</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE NAME	D <b>SINKULAR, SCOTT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>105A N. MAGNOLIA DR.</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D <b>Patton, James L.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>692 Palmer Way</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32940</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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: \_\_\_\_\_ DATE: **2/28/01** DAYTIME PHONE #: **321/779-3181**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (10/00)