

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

03-22-2002 90021 021 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02522

1. Entity Name

THE EPISCOPAL CHURCH OF THE HOLY APOSTLES

Principal Place of Business

Mailing Address

%LOUIS A. TOWSON  
505 GRANT AVENUE  
SATELLITE BEACH FL 32937

%LOUIS A. TOWSON  
505 GRANT AVENUE  
SATELLITE BEACH FL 32937



23443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1655830

Applied For  
Not Applicable

Zip Country

Zip Country

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

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

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 TO  
NAME COUCH, DAVID  Delete  
STREET ADDRESS 610 TORTOISE WAY  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE TD  
NAME Sale, W. Stuart  Change  Addition  
STREET ADDRESS 290 Paradise Blvd. - #67  
CITY-ST-ZIP Indialantic, FL 32903

TITLE D  
NAME SINKULAR, SCOTT  Delete  
STREET ADDRESS 105A N. MAGNOLIA DR.  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE PD  
NAME Mc Hugh, Patricia  Change  Addition  
STREET ADDRESS 225 Debra Ct.  
CITY-ST-ZIP Satellite Bch., FL 32937

TITLE D  
NAME PATTON, JAMES L  Delete  
STREET ADDRESS 692 PALMER WAY  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE PD  
NAME Patton, James L.  Change  Addition  
STREET ADDRESS 692 Palmer Way  
CITY-ST-ZIP Melbourne, FL 32940

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02  
Date

Daytime Phone #

corrected 4/4/02

CR2E037 (9/01)