

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90621 014 ****61.25

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**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	STUART, SALE D	
STREET ADDRESS	290 PARADISE BLVD #67	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCHUGH, PATRICIA	
STREET ADDRESS	225 DEBRA CT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTON, JAMES L	
STREET ADDRESS	692 PALMER WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **Signature Required Date April 15, 2003 321-777-0024**

CR2E037 (10/02)