

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03279

1. Entity Name

ST. DAVID'S EPISCOPAL CHURCH OF LAKELAND, INC.

Principal Place of Business

145 EDGEWOOD DR.
LAKELAND FL 33803

Mailing Address

145 EDGEWOOD DR.
LAKELAND FL 33803-4014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, CHARLES T
145 EDGEWOOD DR
LAKELAND FL 33803

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 NAME | T NUNEZ, CHARLES | <input type="checkbox"/> Delete |
| STREET ADDRESS | % 145 EDGEWOOD DR. | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE NAME | D DZWONKIEWICZ, RICHARD | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 145 EDGEWOOD DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE NAME | S RAINEY, JANET | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 145 EDGEWOOD DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE NAME | D ROSE KAISER | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 145 EDGEWOOD DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE NAME | C SMITH, ROBERT REV | <input type="checkbox"/> Delete |
| STREET ADDRESS | 145 EDGEWOOD DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE NAME | D THORNTON, LEIGH | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 2208 CREEK SIDE DR | |
| CITY-ST-ZIP | LAKELAND, FL 33811 | |
| TITLE NAME | D RAINEY, FRANK | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 4344 WINDING OAKS DR | |
| CITY-ST-ZIP | LAKELAND, FL 33860 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | D PINKET, MICHELLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5846 CHAPS DR | |
| CITY-ST-ZIP | LAKELAND, FL 33813 | |
| 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90111 043 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0899017

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)