

2002 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

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

59-0899017

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

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.

ORS IN 10

T
TITLE NAME NUNEZ, CHARLES
STREET ADDRESS % 145 EDGEWOOD DR.
CITY-ST-ZIP LAKELAND FL

T
TITLE NAME Tucker, Jess
STREET ADDRESS 145 Edgewood Drive
CITY-ST-ZIP Lakeland, FL 33803-4014

☒ Change ☐ Addition

D
TITLE NAME LEISER, MARGARET
STREET ADDRESS 145 EDGEWOOD DRIVE
CITY-ST-ZIP LAKELAND FL 33803-4014

D
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

D
TITLE NAME RAINEY, FRANK
STREET ADDRESS 145 EDGEWOOD DRIVE
CITY-ST-ZIP LAKELAND FL 33803-4014

D
TITLE NAME Phillips, Carroll C.
STREET ADDRESS 145 Edgewood Drive
CITY-ST-ZIP Lakeland FL 33803-4014

☒ Change ☐ Addition

D
TITLE NAME KAISER, RICHARD
STREET ADDRESS 145 EDGEWOOD DRIVE
CITY-ST-ZIP LAKELAND FL 33803-4014

D
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

C
TITLE NAME SMITH, ROBERT REV
STREET ADDRESS 145 EDGEWOOD DR
CITY-ST-ZIP LAKELAND FL

C
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90281 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4/22/02 863 686 4143