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

Jun 06, 2006 8:00 am **Secretary of State** DOCUMENT # NOS DODOO8216 1. Entity Name 06-06-2006 90013 050 ****70.00 DRTHODOX EPISCOPAL CHURCH OF AMERICA. A NUNPROFIT CORPORATION DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 50021001 13800 SW 8 St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE, City & State City & State Applied For 4. FEI Number Michni <u>Miami</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3310 USA 7. Name and Address of Current Registered Agent Coltrane DO NOT WRITE P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 33\D Illiani 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. 4-29-06 (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. Archbishop/Chrmn. of Bol of Director Randolph M. Buggett 1321 NW 13 St, 6A4 TITLE NAME STREET ADDRESS STREET ADDRESS Miami FL 33125 Bishop / Secretary of Box of Directors CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME Dean Bohlman NAME STREET ADDRESS 131 W. Main STREET ADDRESS Campbellsport WI 53010 CITY-ST-ZIP CITY-ST-ZIP Deacon / Treasurer of Bol. of Directors Christopher A. Baggett 4901 Main St. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Pine Bluff AR 71601 CITY-ST-ZIP TITLE IN THIS SPACE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 3

STREET ADDRESS

CITY-ST-ZIP

786-499-1281

FILED

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| | ATTACHMENT |
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| | Kandufph M. Baggett |
| | 1321 NW 13 St, 6A4 |
| | Miami FL 33125 |
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| | May 28 2001 1D |
| | May 27, 2006 A.D. |
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| | Uniform Business Report |
| - | Division of Corporations |
| | P.D. Box 1500 |
| | Tallaharre FL 32302-1500 |
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