

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90023 040 ****61.25

DOCUMENT # N10329

1. Entity Name

ST. JOHN'S EPISCOPAL CHURCH, INC.

Principal Place of Business

145 NE 10TH STREET
 HOMESTEAD FL 33030

Mailing Address

145 NE 10TH STREET
 HOMESTEAD FL 33030-4633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0966404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, FRED R HON
525 N.E. 15 STREET
MIAMI FL 33132

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.

wrong line prior - should be #12
 SIGNATURE James A. Ferguson, Treasurer *2/20/2000*
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 **D** Delete
 NAME **BRODIE, STEVE**
 STREET ADDRESS **24630 S.W. 187 AVENUE**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **SR. Warden** Change Addition
 NAME **Tirado, Vincent**
 STREET ADDRESS **18601 SW 210 St.**
 CITY-ST-ZIP **MIAMI, FL 33187-4110**

TITLE **D** Delete
 NAME **MOSS, EVELYN**
 STREET ADDRESS **464 NW 23RD ST**
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE **Jr. Warden** Change Addition
 NAME **Ktenik, Marlowe**
 STREET ADDRESS **14605 SW 232 St.**
 CITY-ST-ZIP **MIAMI FL 33170**

TITLE **D** Delete
 NAME **VAUGHN, BARBARA**
 STREET ADDRESS **980 CONSTITUTION DR, UNIT J**
 CITY-ST-ZIP **HOMESTEAD FL 33034**

TITLE **clerk** Change Addition
 NAME **Klassen, Waldy**
 STREET ADDRESS **16921 SW 278 St.**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **T** Delete
 NAME **GOOD, JAMES**
 STREET ADDRESS **19400 S.W. 308 STREET**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **Treasurer** Change Addition
 NAME **Ferguson James**
 STREET ADDRESS **14530 NW 20 St.**
 CITY-ST-ZIP **Homestead FL 33030**

TITLE **T** Delete
 NAME **OLSON, LILY**
 STREET ADDRESS **14524 SW 298 TERRACE**
 CITY-ST-ZIP **LEISURE CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KLASSEN, WALDY**
 STREET ADDRESS **16921 SW 278TH ST**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

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)(l), 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: James A. Ferguson, Treasurer *2/20/2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)