

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90201 002 ****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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0966404

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Vincent Tirado

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/17/01

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

TITLE	SRW	<input type="checkbox"/> Delete
NAME	TIRADO, VINCENT	
STREET ADDRESS	18601 SW 210 ST	
CITY-ST-ZIP	MIAMI FL 33187-4110	
TITLE	JRW	<input type="checkbox"/> Delete
NAME	KTENIK, MARLOWE	
STREET ADDRESS	14605 SW 232 ST	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, BARBARA	
STREET ADDRESS	980 CONSTITUTION DR, UNIT J	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOOD, JAMES	
STREET ADDRESS	19400 S.W. 308 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	C	<input type="checkbox"/> Delete
NAME	KLASSEN, WALDY	
STREET ADDRESS	16921 SW 278 ST	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLASSEN, WALDY	
STREET ADDRESS	16921 SW 278TH ST	
CITY-ST-ZIP	HOMESTEAD FL 33031	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Shook	
STREET ADDRESS	975 NW 16 Ave	
CITY-ST-ZIP	Homestead FL 33030	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Shoemaker	
STREET ADDRESS	27420 SW 167 Ct.	
CITY-ST-ZIP	Homestead FL 33031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Helms	
STREET ADDRESS	27501 SW 166 Ave.	
CITY-ST-ZIP	Homestead FL 33031	

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 *Vincent Tirado* **01/17/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)