

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90478 009 ****61.25

DOCUMENT # N10329

1. Entity Name

ST. JOHN'S EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

145 NE 10TH STREET
 HOMESTEAD FL 33030

145 NE 10TH STREET
 HOMESTEAD FL 33030

00003440



DO NOT WRITE IN THIS SPACE

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

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.

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 Delete
 NAME **SRW TIRADO, VINCENT**
 STREET ADDRESS **18601 SW 210 ST**
 CITY-ST-ZIP **MIAMI FL 33187-4110**

TITLE Change Addition
 NAME **SRW Hepburn, Drexel**
 STREET ADDRESS **26205 SW 128 Ct.**
 CITY-ST-ZIP **Homestead FL 33032**

TITLE Delete
 NAME **JRW KTENIK, MARLOWE**
 STREET ADDRESS **14605 SW 232 ST**
 CITY-ST-ZIP **MIAMI FL 33170**

TITLE Change Addition
 NAME **JRW Krenik, Marlowe**

TITLE Delete
 NAME **D SHOOK, WILLIAM**
 STREET ADDRESS **975 NW 1 6AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE Change Addition

TITLE Delete
 NAME **T SHOEMAKER, ERIC**
 STREET ADDRESS **27420 SW 67 CT**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE Change Addition
 NAME **T Judy Ferguson**
 STREET ADDRESS **1453 NW 20 St.**
 CITY-ST-ZIP **Homestead FL 33030**

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

TITLE Change Addition
 NAME **D Moss, Evelyn**
 STREET ADDRESS **464 NW 23 St.**
 CITY-ST-ZIP **Homestead FL 33030**

TITLE Delete
 NAME **D HELMS, SHARON**
 STREET ADDRESS **27501 SW 166 AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE Change Addition
 NAME **C Helms, Sharon**

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

4/07/02 (305) 258-1932
 Date Daytime Phone #

CR2E037 (9/01)