


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90116 034 ****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**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

5-0007311



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SRW	<input type="checkbox"/> Delete
NAME	HEPBURN, DREXEL	
STREET ADDRESS	26205 SW 128 CT.	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	JRW	<input checked="" type="checkbox"/> Delete
NAME	KRENIK, MARLOWE	
STREET ADDRESS	14605 SW 232 ST	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOOK, WILLIAM	
STREET ADDRESS	975 NW 1 6AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERGUSON, JUDY	
STREET ADDRESS	1453 NW 20 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	464 NW 23 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	C	<input type="checkbox"/> Delete
NAME	HELMS, SHARON	
STREET ADDRESS	27501 SW 166 AVE	
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	JRW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dexter, Paul	
STREET ADDRESS	1120 NE 1st Terr.	
CITY-ST-ZIP	Homestead FL 33030	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carr, Helen	
STREET ADDRESS	9730 SW 140 St.	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raul Gonzales, Raul	
STREET ADDRESS	20780 SW 129 Place	
CITY-ST-ZIP	Miami, FL 33177	

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** 2-02-03 233-2168

CR2E037 (10/02)