

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

07-24-2001 90012 025 ****61.25

DOCUMENT # N10725

1. Entity Name

ST. DAVID'S EPISCOPAL CHURCH

Principal Place of Business

C/O EDWIN M WALKER ~~401 S. BROADWAY~~
401 S. BROADWAY
ENGLEWOOD FL 34223

Mailing Address

~~C/O EDWIN M WALKER~~ **401 S. BROADWAY**
ENGLEWOOD FL 34223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6173767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, HARRY E
401 S. BROADWAY
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Arthur R. Lee

Street Address (P.O. Box Number is Not Acceptable)

401 S. Broadway

City

Englewood

FL

Zip Code

34223

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.

Arthur R. Lee

7/5/01

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 **R** ☒ Delete
 NAME **BROWN, HARRY E**
 STREET ADDRESS **401 S BROADWAY**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **T** ☒ Delete
 NAME **BEAN, DEIRDRE**
 STREET ADDRESS **10459 WILMINGTON BLVD**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **DT** ☒ Delete
 NAME **GROSS, DAVID E**
 STREET ADDRESS **8351 PARKSIDE DR**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **DCS** ☒ Delete
 NAME **DES MARAIS, MARGARET L**
 STREET ADDRESS **1410 SAN JOSE DRIVE**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **Arthur R. Lee**
 STREET ADDRESS **401 S. Broadway**
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME **Margaret MacCallum**
 STREET ADDRESS **13499 Romford Ave.**
 CITY-ST-ZIP **Port Charlotte, FL 33981**

TITLE **T** ☒ Change ☐ Addition
 NAME **Barbara Randlett**
 STREET ADDRESS **10063 Franklin Drive**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **D** ☒ Change ☐ Addition
 NAME **Debby Farris**
 STREET ADDRESS **25499 Terrain Lane**
 CITY-ST-ZIP **Punta Gorda, FL 33983**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(j), 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 information.

SIGNATURE:

Arthur R. Lee

7/5/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)