

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N12202**

1. Entity Name

THE ANGLICAN CHURCH OF THE ADVENT, INC.

Principal Place of Business

**2128 N HWY 1
FT PIERCE FL 34950
US**

Mailing Address

**P.O. BOX 926
VERO BEACH FL 32961-0926**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2538252☒ Applied For☐ Not Applicable

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

**HURT, W C REV
1122 NINTH SQUARE
VERO BEACH FL 32960**

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

The Rev. M. C. Hurt, Rector

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Feb. 20, 2002***FILE NOW: FEE IS \$61.25***+ 8.75
70.00*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
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
ALDRICH, DEBORAH
7858 MEADOWLARK LANE
PORT SAINT LUCIE FL 34952** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TT
WILLIAMS, R G
3251 SE BREAMAR WAY
PORT SAINT LUCIE FL 34952** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SWT
KHAIL, VERNON
196 16TH AVE
VERO BEACH FL 32962** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HURT, WILLIAM C
1122 NINTH SQUARE
VERO BEACH FL 32960-4578** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

The Rev. M. C. Hurt, Rector / *THE REV. W. C. HURT* / *Feb. 20, 2002 (772) 778-2456***FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90083 045 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)