

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90037 010 ****61.25

DOCUMENT # N12655

1. Entity Name

ST. MATTHEW'S EPISCOPAL CHURCH OF THE DIOCESE OF

Principal Place of Business

Mailing Address

5873 NORTH DEAN ROAD
 ORLANDO FL 32817

5873 NORTH DEAN ROAD
 ORLANDO FL 32817-3201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2621232

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

ELLIS, MARTHA L.
 4326 LANDMARK DR.
 ORLANDO FL 32817

Name

HERB Smetheram

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

3985 Lake Mira Dr.

City

ORLANDO

FL

Zip Code

32817

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 **PD**
JENSEN, BETH
 STREET ADDRESS **5873 N. DEAN RD.**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
ELLIS, MARTHA
 STREET ADDRESS **5873 NORTH DEAN ROAD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **DT**
Smetheram, Herb
 STREET ADDRESS **5873 N. Dean Rd.**
 CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE Delete
 NAME **D**
BEHERS, JOANN
 STREET ADDRESS **5873 N DEAN RD**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE Change Addition
 NAME **S/ASST. T**
Sewell, Merry R.
 STREET ADDRESS **5873 N. Dean Rd.**
 CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE Delete
 NAME **SD**
GALFO, REV G
 STREET ADDRESS **5873 N. DEAN RD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **5873 N. Dean Rd.**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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)(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:

HERB SMETHERAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)