

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90098 013 ****70.00

DOCUMENT # N12827

1. Entity Name

ST. MATTHEWS ANGLICAN CHURCH, INC.

Principal Place of Business
10701 BLOOMINGDALE AVE
RIVERVIEW FL 33569

Mailing Address
P.O. BOX 1173
RIVERVIEW FL 33568-1173

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

59-2621459

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

PERKINS, WILLIAM H REV
11307 YEAGAR CT
RIVERVIEW FL 33569

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:
FEF 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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CONNELLY, DANIEL N**
 CITY-ST-ZIP **3810 BUCK TAIL LANE**
LITHIA FL 33547

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **PERKINS, WILLIAM H REV**
 CITY-ST-ZIP **11307 YEAGAR CT**
RIVERVIEW FL 33569

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **KLEINOTAS, ALLEN J**
 CITY-ST-ZIP **3612 GREENSTONE LANE**
VALRICO FL 33594

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MC KAY, THOMAS W II**
 CITY-ST-ZIP **809 TUSCANY ST**
BRANDON FL 33511

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HARRIS, LAURA M**
 CITY-ST-ZIP **3012 MINUTEMAN LANE**
BRANDON FL 33511

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **KLEINOTAS, ALLEN J**
 CITY-ST-ZIP **3612 GREENSTONE LANE**
VALRICO FL 33594

Duplicate

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Norman L. Padgett**
 STREET ADDRESS **243 Harbor House Rd**
 CITY-ST-ZIP **OSprey FL 34229**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0057432

CR2E037 (10/00)

00005138



DO NOT WRITE IN THIS SPACE

813-663-0334

Rev William H. Perkins JR, Pres **William H. Perkins JR, Pres** **1-4-2001**