

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21697

1. Entity Name

ST. MONICA'S EPISCOPAL CHURCH OF STUART, FLORIDA

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90014 001 ****61.25

Principal Place of Business	Mailing Address
800 CENTRAL AVE 555 COLORADO AVENUE, SUITE ONE STURAT FL 34995 US	P.O. BOX 1798 555 COLORADO AVENUE, SUITE ONE STUART FL 34995-1798 US

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

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0128978	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOWDISH, JAMES L. S.
555 COLORADO AVENUE
SUITE ONE
STUART FL 34994

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.

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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																						
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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: ST. MONICA'S EPISCOPAL CHURCH OF STUART Deon 2/19/00 561-221-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)