

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90166 011 ****61.25

DOCUMENT # N21697

1. Entity Name

**ST. MONICA'S EPISCOPAL CHURCH OF STUART, FLORIDA
, INC.**



Principal Place of Business

**800 CENTRAL AVE
555 COLORADO AVENUE, SUITE ONE
STUART FL 34995
US**

Mailing Address

**P.O. BOX 1798
555 COLORADO AVENUE, SUITE ONE
STUART FL 34995
US**

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 **65-0128978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CHRISTIE, JAMES A.**
CITY-ST-ZIP **915 HALL ST.
STUART FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DIXON, ALICE**
CITY-ST-ZIP **PO BOX 975
JENSEN BEACH FL 34958**

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

TITLE ☐ Delete
NAME **DC**
STREET ADDRESS **CLARKE, EULA**
CITY-ST-ZIP **1008 E 16TH CT
STUART FL 34996**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FISHER, HELEN E.**
CITY-ST-ZIP **4570 SE COVE RD
PT. SALERNO FL**

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **DEVONE, CARRYE**
CITY-ST-ZIP **458 SE LAMON LANE
PT. ST. LUCIE FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HALL, CYNTHIA S**
CITY-ST-ZIP **806 BAYOU AVE
STUART FL 34994**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **CYNTHIA S. HALL**
CITY-ST-ZIP **4170 N.E. SAVANNAH RD.
JENSEN BEACH, FL 34957**

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:

James A. Christie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

Date

Daytime Phone #

CR2E037 (10/02)