

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90103 037 ****61.25

DOCUMENT # N23583

1. Entity Name

THE ORDER OF ST. JUDE THADDEUS, INC.

Principal Place of Business

Mailing Address

6322 NW 14TH CT
 MARGATE FL 33063
 US

6322 NW 14TH CT
 MARGATE FL 33063-2627
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2838651

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

BRYN, LOUIS F
1711 N STATE RD 7
STE J
MARGATE FL 33063

Name
 Street Address (P.O. Box Number is Not Acceptable)
6322 NW 14th COURT
 City **MARGATE, FL** Zip Code **33063**

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	PT	<input type="checkbox"/> Delete
NAME	BRYN, LOUIS RT REV FR	
STREET ADDRESS	1711 N SR 7, J	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRYN, HECK CAROL	
STREET ADDRESS	6322 N.W. 14TH COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLUCIA, ANTHONY	
STREET ADDRESS	4034 SIERRA TERR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, WILLIAM	
STREET ADDRESS	16 TERRACE W WAY, 85	
CITY-ST-ZIP	PLATTSBURGH NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYN, LOUIS RT.REV. FR.	
STREET ADDRESS	6322 NW 14th COURT	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	K.P.O. SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. FREDERICK ZIEMIS	
STREET ADDRESS	6322 NW 14th COURT	
CITY-ST-ZIP	MARGATE, FL. 3306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: RT. REV. CAROL BRYN Date: 4/26/2000 PT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)