


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90037 043 ****70.00

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|--|----------------------------------|---|--|---|--|
| DOCUMENT # N24104 1. Entity Name ST. CHRISTOPHER EPISCOPAL CHURCH, INC. | | | |  | |
| Principal Place of Business 318 NW 6TH AVENUE FORT LAUDERDALE, FL 33311 US | | | Mailing Address ST CHRISTOPHER'S EPISCOPAL CHURCH P O BOX 228 FORT LAUDERDALE, FL 33302 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ST. CHRISTOPHER'S EPISCOPAL CHURCH 318 NW 6TH AVENUE FORT LAUDERDALE, FL 33311 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WRIGHT, CYD | | NAME | | |
| STREET ADDRESS | 6240-NW 17TH COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE, FL | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HALL, YOLETTE | | NAME | | |
| STREET ADDRESS | 1641 NW 26 AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33311 | | CITY-ST-ZIP | | |
| TITLE | SWD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILLIAMS, CYNTHIA | | NAME | | |
| STREET ADDRESS | 7220 NW 6TH COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLANTATION, FL 33317 | | CITY-ST-ZIP | | |
| TITLE | JRW | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALKER, REBECCA | | NAME | JRW BURROWS, HERBERT | |
| STREET ADDRESS | 7395 NW 54TH ST | | STREET ADDRESS | 3378 NW 18TH COURT | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33319 | | CITY-ST-ZIP | FORT LAUDERDALE, FLORIDA 33311 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cynthia J. Williams / CYNTHIA WILLIAMS | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |