

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

DOCUMENT # N29321

1. Entity Name

ST. KEVIN'S EPISCOPAL CHURCH



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90483 001 ****66.25

04-30-2003 90483 002 *****8.75

Principal Place of Business

3280 NW 135TH STREET
P.O. BOX 540676 C/O CYRIL WHITE
OPA LOCKA FL 33054-1812
US

Mailing Address

PO BOX 540676
P.O. BOX 540676 C/O CYRIL WHITE
OPA LOCKA FL 33054-1812
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 **23-7278393**

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

MACK, FOSTER
1360 NW 133 STREET
MIAMI FL 33168

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

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MACK, FOSTER	
STREET ADDRESS	1360 NW133 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAM, SHIRLEY	
STREET ADDRESS	820 NW 200 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARUGU, ENANTO	
STREET ADDRESS	1110 NW 201ST ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HENRY, EUGENIE	
STREET ADDRESS	3411 NW 172 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARZEY, WILLIAM	
STREET ADDRESS	2970 NW 175 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGAL, MARTHA	
STREET ADDRESS	3076 NW 95TH TERR	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLARY MCBARNETTE	
STREET ADDRESS	14500 N.W. 13 AVENUE	
CITY-ST-ZIP	MIAMI, FL. 33167	
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:

[Signature] (FOSTEREE MACK)

4/27/03 3058768326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)