

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90039 043 ****61.25

DOCUMENT # N33526

1. Entity Name

ST. LUCY'S CATHOLIC APOSTOLIC CHURCH, INC.

Principal Place of Business

% DAVID W. CRANE
 2787 E. OAKLAND PARK BLVD. STE 403
 FORT LAUDERDALE FL 33306

Mailing Address

P. O. BOX 1561
 OCALA FL 34478
 US

2. Principal Place of Business

507 SW 3 Ave

Suite, Apt. #, etc.

3. Mailing Address

507 SW 3 Ave

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala, FL

Zip

34474

Country

USA

Zip

34474

Country

USA

4. FEI Number

65-0141554

Applied For

☒ 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

GROOVER
 GROVE, WILLIAM C
 507 S.W. 3 AVE.
 OCALA FL 34474

7. Name and Address of New Registered Agent

Name: Rt. Rev. William C Groover
 Street Address (P.O. Box Number is Not Acceptable): 507 SW 3 Ave
 City: Ocala FL Zip Code: 34474

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

3-20-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADLEY, WILLIAM ROBERT 9901 S.E. HWY. 314 BOX 213 SILVER SPRINGS FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MADISON, JAMES ALBERT 12979 SE 122 PLACE OKLAWAHA FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROOVER, WILLIAM C 507 S.W. 3 AVE. OCALA FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-01 382 266-0440

CR2E037 (10/00)