

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90156 023 ****61.25

DOCUMENT # N38264

1. Entity Name
ST. FRANCIS ANGLICAN CHURCH, INC.



Principal Place of Business

**2525 FORTUNE RD
KISSIMMEE FL 34744**

Mailing Address

**2525 FORTUNE RD
KISSIMMEE FL 34744**

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 **59-3067707**

Applied For

Not Applicable.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNDERWOOD, HOWARD P
16400 GULF BLVD #706
REDINGTON BEACH FL 33708**

7. Name and Address of New Registered Agent

Name **Sias, The Rev. Earl R.C.**

Street Address (P.O. Box Number is Not Acceptable)

2525 Fortune Road

City

Kissimmee

FL

Zip Code

34744

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.

The Rev. Earl R.C. Sias PD

1-15-2003

(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

TITLE **PD** ☒ Delete
NAME **UNDERWOOD, HOWARD P**
STREET ADDRESS **16400 GULF BLVD #706**
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE **V** ☐ Delete
NAME **NAMEE, DIANE**
STREET ADDRESS **1494 MANATEE ST**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

TITLE **S** ☒ Delete
NAME **UNDERWOOD, SUSAN**
STREET ADDRESS **16400 GULF BLVD # 706**
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE **D** ☒ Delete
NAME **RIGBY, COLWIN**
STREET ADDRESS **153 SANDALWOOD DR**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **T** ☐ Delete
NAME **BAUERSFELD, EDITH**
STREET ADDRESS **82 ALEMEDA DR**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☒ Delete
NAME **BARCLAY, CLIVE**
STREET ADDRESS **3020 PINECONE DR # 202**
CITY-ST-ZIP **KISSIMMEE FL 34741**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Sias, The Rev. Earl R.C.**
STREET ADDRESS **2525 Fortune Road**
CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE ☐ Change ☐ Addition
NAME **Namee Noel**
STREET ADDRESS **1494 Manatee St**
CITY-ST-ZIP **Intercession City FL 33848**

TITLE **S** ☒ Change ☐ Addition
NAME **Sharon Krotts**
STREET ADDRESS **623 Avocado St**
CITY-ST-ZIP **St Cloud FL 34769**

TITLE ☐ Change ☐ Addition
NAME **Sharon Krotts**
STREET ADDRESS **623 Avocado St**
CITY-ST-ZIP **St Cloud FL 34769**

TITLE ☐ Change ☐ Addition
NAME **Sharon Krotts**
STREET ADDRESS **623 Avocado St**
CITY-ST-ZIP **St Cloud FL 34769**

TITLE ☐ Change ☐ Addition
NAME **Sharon Krotts**
STREET ADDRESS **623 Avocado St**
CITY-ST-ZIP **St Cloud FL 34769**

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 REQUIRED

Treas.

Edith C Bauersfeld

1/29/03

CR2E037 (10/02)

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