## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N50252

appears in Block 12 or Block 13,

(8)

## SAINT AMBROSE EPISCOPAL CHURCH, INC.

| <b>3.11.11</b>                         |  |  |                            |               |                    |  |               |                                |                         |
|--|--|--|----------------------------|---------------|--------------------|--|---------------|--------------------------------|-------------------------|
| Principal Plac                         | e of Business  | Mailing Address  | Mailing Address            |               |                    | 4 19841/101 801 01111 00/10 17001 0/10<br>                             | JIŅI CIGIL UI | DES MEMBER MEMBER ME           | KII MIMIT KANT          |
|  |  | 2250 S.W. 31 AVE.<br>FT. LAUDERDALE FL 333                       | 12-4371                    |               |                    |  |               |                                |                         |
|  |  |  |                            |               |                    | 3. Date Incorporated or Qualified 07/01/1992                           | 3a. Da        | ate of Last Re<br>02/05/198    | port<br>96              |
| 2. Principal P                         | lace of Business   | 2a. Mailing Address<br>26  |                            |               |                    | 4. FEI Number<br>59-6019046  |               |                                | olied For<br>Applicable |
| Suite, Apt.                            | #, etc.  | Suite, Apt. #, etc.  |                            |               |                    | 5. Certificate of Status Desired                                       |               | \$8.75 A                       |                         |
| City & Stat                            | е  | City & State   |                            |               |                    | Election Campaign Financing     Trust Fund Contribution                |               | \$5.00<br>Added to             |                         |
| Z <sub>1</sub> p                       | Country Zip  |  | <b></b>                    | Country<br>30 |                    | 8. This corporation has liability for                                  | intangible    | tax under s.                   |                         |
|  | 9. Name and Address of Curre   |  | 1551                       |               | ·····              | 10. Name and Address of New Re   | glatered      | Agent                          |                         |
| 7-10-1                                 |  |  |                            | 11            | Name               |  | <del></del>   | ·                              |                         |
| EVANS, GEOFFREY<br>1941 S.E. 18 STREET |  |  | 8                          | 32            | Street Addre       | ddress (P.O. Box Number is Not Acceptable)                             |               |                                |                         |
|  | NO BEACH FL 33062  |  | 83                         |               |                    | !  |               |                                |                         |
|  |  |  |                            | 34            | City               | · · · · · · · · · · · · · · · · · · ·                                  | FL            | <b>85</b> Zip (                | ode                     |
| office or r                            | to the provisions of Sections of 17.05 registered agent, or both, in the Statum familiar with, and accept the oblig  | e of Florida. Such change was<br>pations of, Section 617.0503, F | authorized<br>Torida Statu | by ti<br>les. | he corporatio      | ration submits this statement for the part of directors. I hereby acce | pt the app    | r changing its<br>cointment as | registered              |
| 12.                                    |  | ND DIRECTORS   | 13.                        | Agent         | signature required | ADDITIONS/CHANGES TO OFFI  |               | DIRECTOR                       | S IN 12                 |
| TITLE                                  | D  | DELETE   | 1.1 TITL                   | E             |                    | 7000110107017414020 10 0111  | DETIO AITE    | Change                         | Addition                |
| NAME                                   | THE LANGE OF THE PARTY OF THE P |  | 1.2 NAN                    |               | İ                  |  |               | _ •                            |                         |
| STREET ADDRESS                         | 3609 S W 23 STREET   |  | 1.3 STREET ADDRESS         |               | ODRESS             |  |               |                                |                         |
| CITY-ST-ZIP                            | FT LAUDERDALE FL   |  | 1.4 CITY-ST-ZIP            |               | ZIP                |  |               |                                |                         |
| TITLE                                  | D DELETE 2.1   |  | 2.1 TITL                   | 2.1 TITLE     |                    |  |               | Change                         | Addition                |
| NAME                                   | TEGGE, JEAN  |  | 2.2 NAME                   |               | Ì                  |  |               |                                |                         |
| STREET ADDRESS                         | 9208 NW 9TH COURT  |  | 2.3 STREET ADORESS         |               | XORESS             |  |               |                                |                         |
| CITY-ST-ZIP                            | PLANTATION FL  |  | 2.4 CITY-ST-ZIP            |               | ZIP                |  |               |                                |                         |
| TITLE                                  | D  | ☐ DELETE   | 3.1 TITLE                  |               |                    |  |               | Change                         | Addition                |
| NAME                                   |  |  | 3.2 NAN                    |               |                    |  |               |                                |                         |
| STREET ADDRESS                         | 7381 S.W. 16 STREET  |  | 3 3 STR                    |               |                    |  |               |                                |                         |
| CITY - ST - ZIP                        | PLANTATION FL  | <b>X</b> DELETE  | 3.4. CIT<br>4.1 TITL       |               |                    |  |               | Change                         | Addition                |
| TITLE                                  | D<br>Gardner, Gerald B   | D Detrie   | 4. 2 NA                    |               | D                  |  |               | LT CHRUBE                      | Nagarion                |
| NAME<br>STREET ADDRESS                 | 2520 SW 34 AVE   |  |                            |               |                    | ITTLE, GEORGE<br>433 S.W. let Way                                      |               |                                |                         |
| CITY-ST-ZIP                            | FORT LAUDERDALE FL   |  | 4.4 CIT                    |               |                    | eerfield Beach, FL   | 33443         |                                |                         |
| TITLE                                  | D  | DELETE   | 5.1 TITU                   |               | 211                | BULLIAIN DANCH, FL   | 2299          | Change                         | Addition                |
| NAME                                   | MARINI, ALFRED   |  | 5.2 NAA                    | ΛE            | 1                  | 1  |               |                                |                         |
| STREET ADDRESS                         | 14547 S.W. 23 COURT  |  | ٠.                         |               | DDRESS             |  |               |                                |                         |
| CITY-ST-ZIP                            | DAVIE FL   |  | 5.4 CIT                    | Y-\$T-        | ZIP                |  |               |                                |                         |
| TITLE                                  | D  | DELETE   | 6.1 TiTi                   |               |                    |  | ****          | Change                         | Addition                |
| NAME                                   | EVANS, GEOFFREY  |  | 6.2 NAM                    | ΛE            |                    |  |               |                                |                         |
| STREET ADDRESS                         | 1941 S.E. 18 STREET  |  | 6.3 STR                    | EET AL        | DDRESS             |  |               |                                |                         |
| STREET MODINESS                        | I TOTT O'C' TO OTTHER  |  |                            |               |                    |  |               |                                |                         |

14. I do 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 annual report or supplemental annual 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