2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 01-31-2005 90066 036 ****61.25 DOCUMENT # N50408 ST. JOHN'S EPISCOPAL CHURCH, INC. OF HOLLYWOOD Principal Place of Business Mailing Address 40009414 1704 BUCHANAN STREET 1704 BUCHANAN STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Numbe Applied For 59-0995014 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **FAULSTICH, MATTHEW** Street Address (P.O. Box Number is Not Acceptable) 1704 BUCHANAN ST HOLLYWOOD, FL 33020 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change Addition FAULSTICH, MATTHEW NAME NAME STREET ADDRESS 1510 N. TRAFALGAR CIRCLE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-SI-ZIP s TITLE ☐ Delete TITLE ☐ Change Addition JACOB ANN NAME NAME STREET ADDRESS 1138 WAHSINTON ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP TITLE Delete TITLE Treasure& D-Change Addition Terrie Couture # 1122 CLARKE, PETER NAME 4000 NE 170 ST. APT. 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP Hollyword, Fl. 3301 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition 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 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.

Terrie Coulure

FILED Jan 31, 2005 8:00 am