

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90095 005 ****61.25

DOCUMENT # N92000000389

1. Entity Name

ST. MATTHEW'S EPISCOPAL CHURCH OF DELRAY BEACH,

Principal Place of Business

Mailing Address

**404 S.W. THIRD STREET
 DELRAY BEACH FL 33444**

**P.O. BOX 656
 DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0431750

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, JANET C
 902 SW 3RD STREET
 DELRAY BEACH FL 33444**

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.

SIGNATURE

Janet C. Davis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-21-01

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	SHEPHERD, THOMAS E	
CITY-ST-ZIP	680 CORAL WAY DELRAY BEACH FL 33445	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	DAVIS, JANET	
CITY-ST-ZIP	902 S.W. 3RD CT. DELRAY BEACH FL 33444	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	JOSEY, SHIRLEY	
CITY-ST-ZIP	206 S.W. 12TH AVE DELRAY BEACH FL 33444	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	QUINN, EDITH	
CITY-ST-ZIP	2888 DOLPHIN DRIVE DELRAY BCH FL 33445	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Edith A. Quinn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

561-278-4875

Date

Daytime Phone #

CR2E037 (10/00)