

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90110 009 ****61.25

DOCUMENT # N92000000389

1. Entity Name

**ST. MATTHEW'S EPISCOPAL CHURCH OF DELRAY BEACH,
 FLORIDA, INC.**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

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 **Rev Keith Johnson**

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

4100 NW 7th Ln

City **DeLray Beach**

FL

Zip Code **33445**

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

Keith Johnson

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

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Douglas	
STREET ADDRESS	118 NW 8th Ave	
CITY-ST-ZIP	DeLray Beach Fl 33444	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Carter	
STREET ADDRESS	265 Sterling Ave	
CITY-ST-ZIP	DeLray Beach Fl 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Keith Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 (561) 276-4541
 Date Daytime Phone #

CR2E037 (9/01)