

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90013 011 ****61.25

DOCUMENT # N92000000389

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



Principal Place of Business
**404 S.W. THIRD STREET
DELRAY BEACH FL 33444**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0431750** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**JOHNSON, KEITH REV
4100 NW 7TH LANE
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent
Name **Hugh B. DUNKLEY**
Street Address (P.O. Box Number is Not Acceptable)
642 Lindell Blvd.
City **Delray Beach** FL Zip Code **33444**

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]* **HUGH B. DUNKLEY, TREASURER** DATE **4/26/03**
(NOTE: Registered Agent signature required when reinstating)

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	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DOUGLAS	
STREET ADDRESS	118 NW 18TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, DIANE	
STREET ADDRESS	265 STERLING AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON JOSEY-RAWLINS	
STREET ADDRESS	716 SW 2nd Ct.	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THADDEUS CLARK	
STREET ADDRESS	1332 W. Indies Way	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugh B. Dunkley	
STREET ADDRESS	642 Lindell Blvd.	
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		

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]* **Hugh B. Dunkley** DATE **4/26/03** (561) 274-9270

CR2E037 (10/02)