

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001114

1. Entity Name
 Secular Order of Jesus, Mary, Joseph Inc.

APPROVED
 AND
 FILED

01 FEB - 1 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 824 North Lake Shore Drive
 TALLAHASSEE, FLORIDA 32312

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 59-3174394 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name ROLAND K LEE, JMS
 Street Address (P.O. Box Number is Not Acceptable)
 824 North Lake Shore Drive
 City TALLAHASSEE, FL Zip Code 32312

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 Roland K Lee February 1, 2001
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	PRESIDENT - D	<input type="checkbox"/> Delete
NAME	ED GARNIER, JMS	
STREET ADDRESS	2804 FULTON ST SW	
CITY-ST-ZIP	LARGO, FL 34844	
TITLE	Secretary - D	<input type="checkbox"/> Delete
NAME	CHRIS GARNIER, JMS	
STREET ADDRESS	2804 FULTON ST SW	
CITY-ST-ZIP	LARGO, FL 34844	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JESSIE MOYER, JMS	
STREET ADDRESS	2322 RUSSELL ROAD	
CITY-ST-ZIP	SIDNEY, OHIO 45365	
TITLE	Director, INTERNATIONAL HOUSE OF STUDIOS	<input type="checkbox"/> Delete
NAME	ROLAND K LEE, JMS - D	
STREET ADDRESS	824 NORTH LAKE SHORE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003656106	
STREET ADDRESS	-02/07/01--01071--016	
CITY-ST-ZIP	*****70.00 *****70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS	
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: Roland K Lee, JMS February 1, 2001 (850-385-9075)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)