

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90100 023 ****61.25

DOCUMENT # N93000003471

1. Entity Name
ST. CECILIA'S EPISCOPAL CHURCH, INC.



Principal Place of Business
**1920 SOUTH MAYDELL DRIVE
TAMPA FL**

Mailing Address
**1920 SOUTH MAYDELL DRIVE
TAMPA FL 33619
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3198376**

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

**COLE, LARRY
12500 MCMULLEN LOOP #351
RIVERVIEW FL 33569**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KOLORIK, JUDY**
STREET ADDRESS **3101 CREEK GROVE CT**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **Peggy A. Landry** ☐ Change ☒ Addition
NAME **2136 Ridgemoor Dr.**
STREET ADDRESS **Valrico, FL 33594**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCINTYRE, GORDON**
STREET ADDRESS **4171 S 10TH AVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **D** ☐ Change ☒ Addition
NAME **Bill Bird**
STREET ADDRESS **18422 Ross St.**
CITY-ST-ZIP **Tampa, FL 33610**

TITLE **D** ☐ Delete
NAME **VALLERY, ANNA**
STREET ADDRESS **6001 20TH AVE SO**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **D** ☐ Change ☒ Addition
NAME **Diana Lee Dyer**
STREET ADDRESS **6511 Solitair Palm Way**
CITY-ST-ZIP **Apollo Beach, FL 33572**

TITLE **D** ☒ Delete
NAME **YATES, ROBERT**
STREET ADDRESS **2110 GOLFVIEW DR N**
CITY-ST-ZIP **PLANTCITY FL 33567**

TITLE **D** ☐ Change ☒ Addition
NAME **Michael Landry**
STREET ADDRESS **2136 Ridgemoor Dr.**
CITY-ST-ZIP **Valrico, FL 33594**

TITLE **TD** ☒ Delete
NAME **CARMAN, GENE**
STREET ADDRESS **215 OKLAWAHA DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COLE, LARRY**
STREET ADDRESS **12500 MCMULLEN LOOP #351**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ 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]

8/23/03

813-661-9306

CR2E037 (4/03)