

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90001 035 ****61.25

DOCUMENT # N93000003547

1. Entity Name

THE TRADITIONAL EPISCOPAL CHURCH, INC.

Principal Place of Business

20253 TWIN OAKS RD
 SPRING HILL FL 34610
 US

Mailing Address

20253 TWIN OAKS RD
 SPRING HILL FL 34610
 US

2. Principal Place of Business

3000 Gulf-to-Bay Blvd.
 Suite, Apt. #, etc.
 Suite 302

3. Mailing Address

3000 Gulf-to-Bay Blvd.
 Suite, Apt. #, etc.
 Suite 302

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3197879

Applied For

Not Applicable

Zip

33759-4304

Country

USA

Zip

33759-4304

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MELLI, R. G.
 20253 TWIN OAKS ROAD
 SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name
 Gilbert McDowell
 Street Address (P.O. Box Number is Not Acceptable)
 3000 Gulf-to-Bay Blvd. Suite 302
 City
 Clearwater FL Zip Code
 33759-4304

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

Gilbert C. McDowell

3-8-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, G.T. 705 HOLLY DRIVE N. ANNAPOLIS MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDOWELL, GILBERT 105 ROSEWOOD DR PALM HARBOR FL-34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNIGHT DAVID 1004 YORK LANE ANNAPOLIS MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MELLI, R.G. RT 4 BOX 1235 HWY 19 PALATKA FL 32177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, GEORGE 105 S CHERRY GROVE AVE ANNAPOLIS MD 21401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCDOWELL, GILBERT 266 KATHERINE BLVD # 7108 PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

George Harrison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01

(410) 757-4438

Date Daytime Phone #

CR2E037 (10/00)