

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


FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90062 012 ****61.25

0013331

DOCUMENT # N93000003547

1. Entity Name
THE TRADITIONAL EPISCOPAL CHURCH, INC.



Principal Place of Business Mailing Address

~~3000 GULF TO BAY BLVD #302~~ ~~3000 GULF TO BAY BLVD #302~~
~~CLEARWATER FL 33759-4304~~ ~~CLEARWATER FL 33759-4304~~
~~US~~ ~~US~~

2. Principal Place of Business 3. Mailing Address

217 KATHERINE BLVD **SAME**

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

2111

City & State City & State

PALM HARBOR

Zip Country Zip Country

34684 PINELLAS



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3197879** Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MCDOWELL, GILBERT
~~3000 GULF TO BAY BLVD #302~~
~~CLEARWATER FL 33759-4304~~

7. Name and Address of New Registered Agent

Name **BISHOP GILBERT McDOWELL**

Street Address (P.O. Box Number is Not Acceptable)
217 KATHERINE BLVD #2111

PALM HARBOR

City **FL** Zip Code **34684**

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 *+ Gilbert McDowell* **7-15-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, G.T. 705 HOLLY DRIVE N. ANNAPOLIS MD	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDOWELL, GILBERT 3000 KATHERINE BLVD #302 PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNIGHT DAVID 1004 YORK LANE ANNAPOLIS MD	<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
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	BISHOP NORMAN STRAUSS 79 KINGSBORO, AVE GLOVERSVILLE, NY 12078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	217 KATHERINE BLVD #2111 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 checked="" 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: *+ Signature of Bishop Norman Strauss* **7-15-03 727 784-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (4/03)