

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005176

1. Entity Name

ST. PAULS ANGLICAN CHURCH, INC.

Principal Place of Business

7200 N WICKHAM RD
MELBOURNE FL 32940
US

Mailing Address

7200 N WICKHAM RD
MELBOURNE FL 32940
US

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 59-3276703

Applied For

Not Applicable

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

KITE-POWELL, RUFUS B REV.
7200 N WICKHAM RD
MELBOURNE FL 32940

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.

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

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 PD
NAME KITE-POWELL, RUFUS B REV. ☐ Delete
STREET ADDRESS 7200 N WICKHAM RD
CITY-ST-ZIP MELBOURNE FL

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

TITLE D
NAME BOOTH, JAMES ☐ Delete
STREET ADDRESS 1995 BUCKHEAD COURT
CITY-ST-ZIP VIERRA FL 32955

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

TITLE T
NAME GAVERIA, MARY ☒ Delete
STREET ADDRESS 330 CARMEL DRIVE
CITY-ST-ZIP MELBOURNE FL 32903

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

TITLE D
NAME BUNKER, DEBORA ☐ Delete
STREET ADDRESS 299 SANDY RUN
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *The Rev. Canon Rufus B. Kite-Powell*

1.9.02 31,259.113

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90057 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)