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

## Mar 17, 2003 8:00 am Secretary of State DOCUMENT # N9400005176 02-07-2003 90083 022 \*\*\*\*61.25 1. Entity Name ST. PAULS ANGLICAN CHURCH, INC. Principal Place of Business Mailing Address 7200 N WICKHAM RD 7200 N WICKHAM RD MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK\_HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3276703 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KITE-POWELL- RUFUS B REV.-Street Address (P.O. Box Number is Not Acceptable) 7200 N WICKHAM RD MELBOURNE FL 32940 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KITE-POWELL, RUFUS B REV. NAME Shepherd, Bill NAME STREET ADDRESS 7200 N WICKHAM RD 417 Nth. Neptune Drive STREET ADDRESS CITY-ST-7IP MELBOURNE FL Satellite Beach, FL 32937 CITY-ST-ZIP TITLE 🖵 Delete TITLE ☐ Change ☐ Addition BOOTH, JAMES NAME NAME 1995 BUCKHEAD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Vierra FL 32955 CITY-ST-ZIP TITLE Delete ŢITLE ☐ Change ☐ Addition BUNKER: DEBORA NAME STREET ADDRESS 299 SANDY RUN STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY\_ST\_7/P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

■ Addition

FILED