

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90041 014 ***61.25

DOCUMENT # N95000001931

1. Entity Name

EPISCOPAL CHURCH OF ST. ANN'S OF HALLANDALE, FLO

Principal Place of Business

705 NW 1ST AVE.
 HALLANDALE FL 33009

Mailing Address

705 NW 1ST AVE.
 HALLANDALE FL 33009

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

59-2016032

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, WILLIAMSON
705 NW 1ST AVE.
HALLANDALE FL 33009

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

Rev. Williamson S. Taylor

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: WILLIAMSON, TAYLOR
 STREET ADDRESS: 705 NW 1ST AVE.
 CITY-ST-ZIP: HALLANDALE FL 33009
 Delete

TITLE: VD
 NAME: EDYTHE COCKETT
 STREET ADDRESS: 705 NW 1ST. AVENUE
 CITY-ST-ZIP: HALLANDALE, FL. 33009
 Change Addition

TITLE: VD
 NAME: COCKETT, GEORGE SR
 STREET ADDRESS: 705 NW 1ST AVE.
 CITY-ST-ZIP: HALLANDALE FL 33009
 Delete

TITLE: S
 NAME: EVERETT NEELY
 STREET ADDRESS: 705 NW 1ST. AVE.
 CITY-ST-ZIP: HALLANDALE, FL. 33009
 Change Addition

TITLE: SD
 NAME: WILLIAMS, JENNY
 STREET ADDRESS: 705 NW 1ST AVE.
 CITY-ST-ZIP: HALLANDALE FL 33009
 Delete

TITLE: T
 NAME: PATRICIA DORSETT
 STREET ADDRESS: 705-NW 1ST. AVE.
 CITY-ST-ZIP: HALLANDALE, FL. 33009
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change 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:

Rev. Williamson S. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/01 (954) 454-2811

CR2E037 (10/00)