

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90081 015 ****61.25

DOCUMENT # N98000005450

1. Entity Name
ST. MARY'S EPISCOPAL CHURCH OF DEERFIELD BEACH,

Principal Place of Business **Mailing Address**
417 S. DIXIE HWY. **P.O. BOX 8602**
DEERFIELD BEACH FL 33441 **DEERFIELD BEACH FL 33443-8602**

C0028575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

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

City & State City & State

4. FEI Number **65-0930272** **Applied For**
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
PRATT, BERTHA
495 NW 3RD TERR
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCARTHY, NANCY H REV.	
STREET ADDRESS	474 S.W. 29TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	PRATT, BERTHA	
STREET ADDRESS	495 N.W. 3RD TERR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	JWD	<input type="checkbox"/> Delete
NAME	NUGENT, JEFFREY	
STREET ADDRESS	820 SW 14TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PATZ, RICHARD	
STREET ADDRESS	743 CAMINO LKS CIR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	CS	<input type="checkbox"/> Delete
NAME	STORR, ANGELA	
STREET ADDRESS	1041 SW 8TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SWD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, HENRY	
STREET ADDRESS	1416 N.W. 19TH AVE	
CITY-ST-ZIP	A LAUDERDALE, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARY ANN	
STREET ADDRESS	318 S.W. 33RD AVE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Theracy H. McCarthy (The Rev. Nancy H. McCarthy) 2/16/01 954-428-3040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)