

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701321 (2)
1. Corporation Name
SAINT BENEDICT'S EPISCOPAL CHURCH, INC.



Principal Place of Business: **7801 N.W. 5TH ST. PLANTATION FL 33324**
Mailing Address: **7801 N.W. 5TH ST. PLANTATION FL 33324**

3. Date Incorporated or Qualified: **08/16/1960**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **59-1426297**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**PERKINS, IRENE
212 LAKE POINTE DR. #308
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
81 Name: **Thomas Brutteli**
82 Street Address (P.O. Box Number is Not Acceptable): **706 Glenwood Lane**
83
84 City: **Plantation** FL 85 Zip Code: **33317**

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the obligations of Section 617.0502, Florida Statutes.

SIGNATURE: *Thomas Brutteli* 2/12/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERKINS, IRENE	
STREET ADDRESS	212 LAKE POINTE DR. #308	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANCE, STEPHEN	
STREET ADDRESS	4049 S.W. 7TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WATTERS, RICHARD	
STREET ADDRESS	6781 SW 11 ST.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas Brutteli	
1.3 STREET ADDRESS	706 Glenwood Lane	
1.4 CITY-ST-ZIP	Plantation FL 33317	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Miller	
2.3 STREET ADDRESS	7201 NW 6th St	
2.4 CITY-ST-ZIP	Plantation FL 33317	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Marks	
3.3 STREET ADDRESS	2207 Charleston	
3.4 CITY-ST-ZIP	FL LAUDERDALE FL 33326	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Marks* 3/18/96 (407) 995-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Phone #

CR2E037 (12/95)