


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Myrtham</b> v Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701321** (2)  
1. Corporation Name  
**SAINT BENEDICT'S EPISCOPAL CHURCH, INC.**



Principal Place of Business <b>7801 N.W. 5TH ST. PLANTATION FL 33324</b>	Mailing Address <b>7801 N.W. 5TH ST. PLANTATION FL 33324</b>
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3. Date Incorporated or Qualified <b>08/16/1960</b>		
4. FEI Number <b>59-1426297</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**4** BRUTTELL, THOMAS  
706 GLENWOOD LANE  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

**81** Name  
**Plummer, Winston**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**9410 NW 31 Place**

**83**

**84** City  
**Sunrise** **FL** **85** Zip Code  
**33351**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Winston Plummer DATE 2/16/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRUTTELL, THOMAS</b>
STREET ADDRESS	<b>706 GLENWOOD LANE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, DAVID</b>
STREET ADDRESS	<b>1201 NW 6TH ST</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MARKS, WILLIAM</b>
STREET ADDRESS	<b>2207 CHARLESTON</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Plummer, Winston</b>
1.3 STREET ADDRESS	<b>9410 NW 31 Place</b>
1.4 CITY-ST-ZIP	<b>Sunrise, FL 33351</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vance, Stephen</b>
2.3 STREET ADDRESS	<b>4049 SW 7 Street</b>
2.4 CITY-ST-ZIP	<b>Plantation, FL 33317</b>
3.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Lord, Wilhelm</b>
3.3 STREET ADDRESS	<b>5861 NW 16-Place #206</b>
3.4 CITY-ST-ZIP	<b>Sunrise, FL 33313-4766</b>
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 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 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 asterisk.

SIGNATURE: Winston Plummer 1/26/98 (98) 765-1502

CR2037 (10/97)