

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90135 045 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 701321

1. Corporation Name
SAINT BENEDICT'S EPISCOPAL CHURCH, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/16/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1426297	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WINSTON, PLUMMER 9410 NW 31 PLACE SUNRISE FL 33351				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 City			
				84 City			
				85 Zip Code			
				FL 33317			

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 Whitmore Burrows DATE 1/31/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PLUMMER, WINSTON	1.2 NAME	D BURROWS, WHITMORE
STREET ADDRESS	9410 NW 31 PLACE	1.3 STREET ADDRESS	7441 N.W. 7 ST
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VANCE, STEPHEN	2.2 NAME	
STREET ADDRESS	4049 SW 7 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T LORD, WILHELM	3.2 NAME	
STREET ADDRESS	5861 NW 16 PLACE, #206	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other like empowered.

SIGNATURE: W. Wilhelm **1-24-99 305-376-2631**

CR2E037 (1/98)