

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704203

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE EPISCOPAL CHURCH OF THE HOLY FAMILY, INCORPORATED

Current Principal Place of Business:

18501 N.W. 7TH AVE.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18501 N.W. 7TH AVE.
MIAMI, FL 33169

New Mailing Address:

FEI Number: 59-0936172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE VERY, REV. HORACE D WARD
13202 NW 11TH ST.
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREWSTER, CAROL
Address: 7752 NW 18 STREET
City-St-Zip: PEMBROKE LAKES, FL 33024

Title: T () Delete
Name: CAMPBELL, MAUREEN E
Address: 21151 NE 2ND AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CHINYERE, CHUCKS
Address: 1461 NW 207 STREET
City-St-Zip: MIAMI GARDENS, FL 33169

Title: S () Delete
Name: PARKER, KAREN
Address: 4941 SW 151 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: C, M () Delete
Name: THE VERY, REV. HORACE D WARD
Address: 13202 NW 11TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MICHELLE, HYLTON
Address: 20511 NW 12TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALTER, WRAY
Address: 843 NW 206 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN E. CAMPBELL

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date