

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90254 007 ****61.25



DOCUMENT # 787653
 1. Entity Name
ST ANDREW'S EPISCOPAL CHURCH, INC.

Principal Place of Business Mailing Address
14260 OLD CUTLER ROAD **14260 OLD CUTLER ROAD**
MIAMI FL 33158 **MIAMI FL 33158**



1st MOORE CR2E037 (10/05)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
23-7273769 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GAEBE, JOHN **3211 Ponce de Leon Blv**
2950 S.W. 27TH AVENUE **Suite 201**
SUITE 100 **Coral Gables, FL**
MIAMI FL 33139 **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMLIN, RICHARD L	
STREET ADDRESS	9453 S.W. 185 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAEBE, JOHN	
STREET ADDRESS	5870 S.W. 96 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEMINGWAY, WILLIAM	
STREET ADDRESS	7950 SW 165 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEE, KATHLEEN	
STREET ADDRESS	15755 SW 102 PL	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEYLIGER-BROWNE, CYD	
STREET ADDRESS	1561 LUGO AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNSON, WAYNE	
STREET ADDRESS	15050 SW 152 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Browning	
STREET ADDRESS	8440 SW 162 Terr	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burton O'Donald	
STREET ADDRESS	10021 SW 142 ST	
CITY-ST-ZIP	Miami FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Pinder	
STREET ADDRESS	7851 SW 170 ST	
CITY-ST-ZIP	Miami FL 33157	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* March 15, 2006 305-238-216