

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 720203 (9)
1. Corporation Name
TRINITY EPISCOPAL CATHEDRAL, INC.

95 MAR 13 AM 11:07

Principal Place of Business

464 N E 16TH ST
MIAMI FL 33132-1222

Mailing Address

464 N E 16TH ST
MIAMI FL 33132-1222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1971

3a. Date of Last Report

01/31/1994

4. FEI Number

59-0838103

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

KRICKBAUM, DONALD W.
484 N.E. 16TH STREET
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KRICKBAUM, DONALD W.
484 N.E. 16TH STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
CONSOLO, PHILIP J
15310 DUNBARTON ROAD
MIAMI LAKES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
LOTSPEICH, BETH P
4415 SABAL PALM RD
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LEE, ANNE S
519 LORETTO AVE.
CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MACAYA, ALFREDO
1717 N. BAYSHORE DR., #1557
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD
Christopher Colon
3741 Daffodil Lane
Miramar, FL 33025

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD
Lee, Anne S.
519 Loretto Avenue
Coral Gables, FL

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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

Donald W. Krickbaum

3-3-95

305-374-3372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #