

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720203

FILED
Apr 29, 2005
Secretary of State

Entity Name: TRINITY EPISCOPAL CATHEDRAL, INC.

Current Principal Place of Business:

464 N E 16TH ST
MIAMI, FL 331321220 US

New Principal Place of Business:

Current Mailing Address:

464 N E 16TH ST
MIAMI, FL 331321220 US

New Mailing Address:

FEI Number: 59-0838103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUIR, WILLIAM T.
464 N.E. 16TH STREET
MIAMI, FL 33132 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: PD () Delete
Name: LIBBY, ROBERT,
Address: 464 N.E. 16TH STREET
City-St-Zip: MIAMI, FL 33132

Title: VPD () Delete
Name: CONSOLO, PHILIP
Address: 15310 DUNBARTON PL
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD () Delete
Name: MUELLER, HANNO
Address: 152 N.E. 44TH STREET
City-St-Zip: MIAMI, FL 33137

Title: VPD () Delete
Name: MACAYA, ALFREDO
Address: P.O. BOX 370825
City-St-Zip: MIAMI, FL 33137

Title: S () Delete
Name: HOLMES, MRS. DOROTHY
Address: 1010 NE 81 ST.
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: WILLIAM T. MUIR

RA

04/29/2005

Electronic Signature of Signing Officer or Director

Date