FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 701321

(2)

SAINT BENEDICT'S EPISCOPAL CHURCH, INC.

Principal Place	e of Business	Mailing Address			
7801 N.W. 51 PLANTATION	· · · · · · · · · · · · · · · · · · ·	7801 N.W. 5TH ST. PLANTATION FL 3332	4		
				3. Date Incorporated or Qualified 08/16/1960	3a. Dale of Last Report 03/31/1995
2. Principal P	lace of Business	2a. Mailing Address 26		4. FET Number 59-1426297	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	to.	27		3. Certificate of Status Desired	Fee Required
23	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for	Added to Fees
24	25	29	30	Florida Statutes	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
PERKINS	S IRENE		81 Name.	Thomas Bruttell Addres (P.O. Box Number is Not Acceptal	
PERKINS, IRENE 212 LAKE POINTE DR. #308				Address (P.O. Box Number is Not Acceptal	ole)
	DERDALE FL 33309	706 Glenwood La	ne		
		- 0	84 City	Plantation	FL 85 Zip Code 33317
11. Pursuant	to the provisions of Sections 617,050 red agent, or both in the State of Ro	2 and 61) .1509, Florida State	Res, the above named co	rporation submits this statement for the pu board of directors. I hereby accept the app	ruose of changing its registered office
familiar wi	ith the poligations of, for	da. Such chasel sus artion tion 917.050. Tarida Statute	ized by the corporation si es.	board of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE	/ Comes 1	Selection		2	112)96
12.	Signature, typed or printed name of registered agen OFFICERS AN	ID DIRECTORS	NOTE: Registered Agent signature re	ADDITIONS/CHANGES TO OFF	DAY:
THILE	D	DELETE	1.1 Title	3	Change Addition
NAME	PERKINS, IRENE		1.2 NAME	Thomas Bruttell	
STREET ADDRESS	212 LAKE POINTE DR. #308		13 STREET ADDRESS	706 glenwood Lane	
CITY - ST - ZIP	FT LAUDERDALE FL 33309		1.4 C(TY - ST - Z)P	Plantation FL 33317	
THILE	D Vance, Stephen	DELETE	2.1 TITLE	7	Change Addition
NAME STREET ADDRESS	4049 S.W. 7TH STREET		2.2 NAME	David Miller 1201 NWG+115t	
CITY-ST-ZIP	PLANTATION FL		2 3 STREET ADDRESS 2 4 CITY - ST-2IP	Plantation FL 33317	
TITLE	T	DELETE	31 TITLE	T'	Change Addition
NAME	WATTERS, RICHARD	_	3.2 NAME	william Marks	
STREET ADDRESS	6781 SW 11 ST.		3.3 STHEET ADDRESS	2207 Charleston	
CITY-ST-ZIP	PLANTATION FL 33317		34 CITY-ST-71F	Fl. Lauder gale FL 33	B26
TITLE		DELETE	4.1 TITLE		Change Addition
NAME PERFET ADDRESS	* *·		4. 2 NAME		
STREET ADDRESS CITY-ST-ZiP			4 3 STREET ADORESS		
TITLE		□ DELETE	44 CITY-S1-ZIP 51 TITLE		Correct Children
NAME	/s.".	L. Peter I	52 NAME		Change Addition
STREET ADORESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
THTLE	··	DELETE	61 TIFLE		Change Addition
NAME	•		6.2 NAME		
STREET ADDRESS	- C - C - C - C - C - C - C - C - C - C		6.3 STREET ADDRESS		
CITY-SI-ZIP	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		6 4 CITY - ST - ZIP		
certify that	y certify that the information supplied the information indicated on this annu-	with this filing is voluntarily furnual report or supplemental and	nished and does not qual nual report is true and acc	ly for the exemption stated in Section 119. rurate and that my signature shall have the	07(3)(k), Florida Statutes. I further same legal effect as if made under

oath, that I am an officer or director of the corporation or the receiver or truste 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: Silliam J. Mayes
SIGNATURE and Typed on Printed Name of SIGNING OFFICER OR DIRECTOR

3/18/96 (407)995-5355