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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 720203 (9)

1. Corporation Name

TRINITY EPISCOPAL CATHEDRAL, INC.

Principal Place of Business

Mailing Address

464 N E 16TH ST  
MIAMI FL 33132-1222

464 N E 16TH ST  
MIAMI FL 33132-1222

3. Date Incorporated or Qualified  
02/04/1971

3a. Date of Last Report  
07/23/1996

2. Principal Place of Business

2a. Mailing Address

21 see above

26 see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Dade

25

29 Dade

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KRICKBAUM, DONALD W.  
STREET ADDRESS 464 N.E. 16TH STREET  
CITY-ST-ZIP MIAMI FL

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

TITLE VD  
NAME STEUERNAGEL, CLIFFORD  
STREET ADDRESS 840 NE 69 STREET  
CITY-ST-ZIP MIAMI FL

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

TITLE TD  
NAME LEE, ANNE S  
STREET ADDRESS 519 LORETTO AVE.  
CITY-ST-ZIP CORAL GABLES FL

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

TITLE VD  
NAME NORMAN, HARRIET W  
STREET ADDRESS 8200 SW 98 STREET  
CITY-ST-ZIP MIAMI FL

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

TITLE SD  
NAME COLON, CHRISTOPHER  
STREET ADDRESS 3741 DAFFODIL LANE  
CITY-ST-ZIP MIRAMAR FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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5/14/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE \_\_\_\_\_

FILED  
May 14 1997 8:00am  
Secretary of State  
226.25



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