

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2010
Secretary of State

Entity Name: THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC.

Current Principal Place of Business:

15260 NW 19TH AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 65-0804056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVANS, GLORIA F
14500 MAHOGANY COURT
MIAMI LAKES, FL 330142636 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: P
Name: TAYLOR, TERRENCE
Address: 15260 NW 19TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: TD
Name: DENNIS, GLORIA
Address: 16311 NW 19 COURT
City-St-Zip: MIAMI GARDENS, FL 33054

Title: VPD
Name: JOHNSON, LESA
Address: 3520 NW 205 STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: SD
Name: MARY MITCHELL
Address: 17730 NW 18 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VPD
Name: CLARKE, LILLIE M
Address: 2501 NW 152 STREET
City-St-Zip: MIAMI GARDENS, FL 33054

Title: VPD
Name: SHARPE, SHANTAY
Address: 1205 PERI STREET
City-St-Zip: OPA-LOCKA, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: LILLIE M CLARKE

VPD

04/29/2010

Electronic Signature of Signing Officer or Director

Date