

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008653

**Entity Name:** IGLESIA EPISCOPAL SANTISIMA TRINIDAD, INC.**Current Principal Place of Business:**6744 NORTH MIAMI AVE  
MIAMI, FL 33150**Current Mailing Address:**6744 NORTH MIAMI AVE  
MIAMI, FL 33150 US**FEI Number:** 46-4464156**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILIEN, SMITH REV.  
6744 NORTH MIAMI AVE  
MIAMI, FL 33150 US*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:** MILIEN SMITH

02/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MILIEN, MARIVEL  
Address 6744 NMIAMI AVENUE  
City-State-Zip: MIAMI FL 33150

Title VP  
Name ALDANA, LUZ  
Address 1870 NE, 158 TH STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP  
Name HERRERA, RAUL  
Address 8135 W, 36TH AVENUE, APT. 4  
City-State-Zip: HIALEAH FL 33018

Title VP  
Name SANON, CARMEN  
Address 1227 NE, 138TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title VP  
Name GONZALEZ, LUZ T  
Address 596 NE, 108TH STREET  
City-State-Zip: MIAMI FL 33168

Title VP  
Name PEREZ, NELIA O  
Address 600 NW, 6TH STREET, APT.705  
City-State-Zip: MIAMI FL 33136

Title REV.  
Name MILIEN, MARIVEL  
Address 6744 NORTH MIAMI AVE  
City-State-Zip: MIAMI FL 33150

Title REVEREND  
Name MILIEN, MARIVEL SR.  
Address 6744 NORTH MIAMI AVE  
City-State-Zip: MIAMI FL 33150

*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:** MILIEN MARIVEL**DIRECTOR**

02/27/2015

Electronic Signature of Signing Officer/Director Detail

Date