

**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 # 704203 (9)

1. Corporation Name  
**THE EPISCOPAL CHURCH OF THE HOLY FAMILY, INCORPORATED**



Principal Place of Business: 18501 N.W. 7TH AVE. MIAMI FL 33169  
Mailing Address: 18501 N.W. 7TH AVE. MIAMI FL 33169

3. Date Incorporated or Qualified: 06/20/1962  
3a. Date of Last Report: 08/25/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0936172	Not Applicable
22	City & State	27	City & State	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input checked="" type="checkbox"/> <input type="checkbox"/>	
23	Country	29	Country	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	25		30		<input type="checkbox"/>	
24				8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THROWER, WILLIAM L.**  
1930 N.W. 119 ST.  
#722  
MIAMI FL 33167

81	Name	The Rev. Horace D. Ward
82	Street Address (P.O. Box Number is Not Acceptable)	580 N.W. 194th Terrace
83	City	Miami
84	State	FL
85	Zip Code	33169

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, LEDLYT O	1.2 NAME	THROWER, WILLIAM L.
STREET ADDRESS	7010 N.W. 186TH ST., 312	1.3 STREET ADDRESS	1930 N.W. 119th Street #722
CITY-ST-ZIP	MIAMI LAKES FL 33015	1.4 CITY-ST-ZIP	Miami, Florida 33167
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JUANITA	2.2 NAME	STOKES, MAURFEN
STREET ADDRESS	17240 N.W. 53RD PLACE	2.3 STREET ADDRESS	21121 N.E. 2nd Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33179
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CLINTON	3.2 NAME	MOSS, LEDLY O. JR.
STREET ADDRESS	20120 HIGHLAND LAKES BLVD.	3.3 STREET ADDRESS	20177 N.W. 35th Avenue
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	Miami, Florida 33055
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, HAZEL	4.2 NAME	
STREET ADDRESS	420 NW 91ST TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EL PRAL FL 33150	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Horace D. Ward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15, 1996 (305) 652-6797

Date

Daytime Phone #

CR2E037 (12/95)