

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90011 003 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 704203**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/20/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0936172
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE REV. HORACE D. WARD 9830 SW 13TH COURT PEMBROKE PINES FL 33026	81 Name The Very Rev. Horace D. Ward
	82 Street Address (P.O. Box Number is Not Acceptable)
	83 13202 N.W. 11th Street
	84 City Pembroke Pines FL 85 Zip Code 33028

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 \_\_\_\_\_ (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, JACQUELYN	1.2 NAME	Elton E. Hilton
STREET ADDRESS	3010 NW 211TH ST	1.3 STREET ADDRESS	20705 N. Miami Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33179
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MAUREEN	2.2 NAME	
STREET ADDRESS	21151 NE 2ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, CEDRIC	3.2 NAME	Winston Jackson
STREET ADDRESS	273 NE 163RD ST	3.3 STREET ADDRESS	100-NE 161 Street
CITY-ST-ZIP	NO MIAMI BCH FL	3.4 CITY-ST-ZIP	North Miami Beach, Fl 33162
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, HAZEL	4.2 NAME	Dr. Vandon White
STREET ADDRESS	420 NW 91ST TERR.	4.3 STREET ADDRESS	70 NW 209 Street
CITY-ST-ZIP	EL PRITAL FL 33150	4.4 CITY-ST-ZIP	MIAMI, Fl. 33169
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	The Very Rev. Horace D. Ward
STREET ADDRESS		5.3 STREET ADDRESS	13202 NW 11th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pembroke Pines, Fl 33028
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 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, with all other like empowered.

SIGNATURE: KATHERINE HARRIS 2/16/99 305-652-6797

CR2E037 (11/98)