

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90188 007 ****70.00

00-02852

DOCUMENT # 704203

1. Entity Name

THE EPISCOPAL CHURCH OF THE HOLY FAMILY, INCORPO

Principal Place of Business

18501 N.W. 7TH AVE.
 MIAMI FL 33169

Mailing Address

18501 N.W. 7TH AVE.
 MIAMI FL 33169

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0936172

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE VERY, REV. HORACE D WARD
13202 NW 11TH ST.
PEMBROKE PINES FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILTON, ELTON E	
STREET ADDRESS	20705 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAMPBELL, MAUREEN	
STREET ADDRESS	21151 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, PATRICK	
STREET ADDRESS	1935 NW 171ST AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, VANDON DR.	
STREET ADDRESS	70 NW 209 ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	THE VERY, REV. HORACE D WARD	
STREET ADDRESS	13202 NW 11TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hyacinth Miller	
STREET ADDRESS	520 NW 195th Terrace	
CITY-ST-ZIP	Miami, Florida 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	The Very Rev. Horace D. Ward	
STREET ADDRESS	13202 NW 11th Street	
CITY-ST-ZIP	Pembroke Pines, Fl 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *THE VERY, REV. HORACE D WARD* **DAVID WARD** 2/6/01 305-652-6797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)