

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90415 017 ****70.00

DOCUMENT # 704203 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0936172	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, GUILA I 11769 NW-12TH STREET HOLLYWOOD, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, MAUREEN 21151 NE 2ND AVE. MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH, ROBERTS 1325 NW 188TH STREET MIAMI, FL 33169	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen Henry 20041 NW 13th Avenue Miami Gardens, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, VANDON DR. 70 NW 209 ST. MIAMI, FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THE VERY, REV. HORACE D WARD 13202 NW 11TH ST. PEMBROKE PINES, FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, KENNETH 1325 NW 188TH STREET MIAMI, FL 33169	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Horace D. Ward</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-15-04 Date Daytime Phone #		