

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704203

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** THE EPISCOPAL CHURCH OF THE HOLY FAMILY, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-0936172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HICKS, DANILO  
Address: 7345 NW 51 STREET  
City-St-Zip: TAMAXAC, FL 33319

Title: T ( ) Delete  
Name: CAMPBELL, MAUREEN  
Address: 21151 NE 2ND AVE.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: BROWN, PATRICK  
Address: 1935 NW 171 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Delete  
Name: WHITE, VANDON DR.  
Address: 70 NW 209 ST.  
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete  
Name: THE VERY, REV. HORACE D WARD  
Address: 13202 NW 11TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HORACE D. WARD

D

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date