FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

704364

(9)

SAINT MARGARET'S CHURCH, INC.

Principal Place of Business Mailing Address							BI QUBAL FIBIL BIBIL BIJI	
15650 MIAMI LAKEWAY, N 15650 MIAMI LAKEWAY, N MIAMI LAKES FL 33014 MIAMI LAKES FL 33014-551			•					
						3. Date Incorporated or Qualified 06/14/1955	3a. Date of Las 06/19/1	
	lace of Business	2a. Mailing Address				4. FEI Number 59-1481365		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				09-140 1303		Not Applicable
22		27				5. Certificate of Status Desired		
City & State		City & State				Election Campaign Financing \$5.00 May Be		
23 Zin		28				Trust Fund Contribution	☐ Adde	ed to Fees
Zip 24	Country 25	Zip 29	Count	ry		8. This corporation has liability for in		≢ s. 199.032,
24]	9. Name and Address of Curre		30]		<u></u> i	Florida Statutes 10. Name and Address of New Rec		
	· ······ , , · ···, ,		8	1 Name				
ELLIS, HYACINTH A.				2 Street	1 Addres	s (P.O. Box Number is Not Acceptable	lo)	
3800 EAST LAKE RD.				311001	I MOUITE	s (F.O. Box Number is Not Acceptable	e)	
MIRAMAR FL 33056				3			**************************************	
			8	4 City	······································		FL 85 Z	ip Code
11. Pursuant t	to the provisions of Sections 617 050	02 and 617 1508. Florida Statutes	s the abo	Ve-name/	d corpor	ation submits this statement for the nu	FL	a ita ragistarad
office or n	egistered agent, or both, in the State	e of Florida. Such change was au	thorized k	by the co	rporation	ation submits this statement for the pu i's board of directors. I hereby accept	t the appointment	as registered
		Dalions of Section 617.0503, Flor	ida Statuti	88.			lalan	
SIGNATURE >	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	Registered A	gent signatu	ra required	when reinstating)	G ATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Chang	e Addition
NAME	JONES, SCOTT		1.2 NAME	i .				
STREET ADDRESS	11421 SW 117 CT		1.3 STREE	et address				
CITY-ST-ZIP	MIAMI FL	Dri rze	1.4 CITY-		<u> </u>			
TITLE	D MANUAL ADD MANNA	☐ DELETE	2.1 TITLE		Tre	asurer Director	⊠ Chang	ge Addition
NAME	MILLARD MANN 14601 BALGOWAN RD.		2.2 NAME		ł			
STREET ADDRESS	MIAMI LAKES FL		2.3 STREET ADDRESS		1			
CITY-ST-ZIP TITLE	TO DELETE		2.4 CITY-ST-ZIP 3.1 TITLE		Vici	e president / Director	Chano	e Addition
NAME	NENGEL, M. FRANK		3.2 NAME			rdolph Lacroix		je Addition
STREET ADDRESS	11851 NW 64 CT			Et adoress		Child Color		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		177	aleah FL 33012	_	
TITLE		☐ DELETE	4.1 TITLE		1 17	11200 , 100	Chang	e
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Chang	e Addition
NAME			5.2 NAME	:				
STREET ADDRESS			5.3 STREE	T ADDRESS	ŀ	10. x 4		
CITY - ST - ZIP		☐ DELETE	5.4 CITY-		-			
TITLE		ש טבנבוב	6.1 TITLE				L. Chang	e []] Addition
NAME STREET ADDRESS			6.2 NAME					
CITY-ST-ZIP				ET ADDRESS				
14. I do hereb	by certify that the information supplie	nd with this filing does not qualify	6.4 CITY- for the ex	emption	stated in	Section 119.07(3)(i), Florida Statutes	. I further certify th	at the
information I am an of	n indicated on this annual report or a ficer or director of the corporation of a Block 12 or Block 13 if changed, o	supplemental annual report is tru r the receiver or trustee empowel	e and acc red to exe	cute this	d that m report a	y signature shall have the same legal s required by Chapter 617, Florida St	effect as if made atutes; and that m	under oath; that y name