FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham Secretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT #

(2)

ST ANDREW'S EPISCOPAL CHURCH, INC.

Jun 11 1997 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address	-			ANIN MAMIN MAMAK MAMAN MIMIN MIMAK MAMAN KAMI		
14260 OLD CUT MIAMI FL 33156	TLER ROAD	14260 OLD CUTLER ROAD MIAMI FL 33158-1347)					
					3. Date Incorporated or Qualified 07/30/1964	3a. Date of Last Report 03/25/1996		
2. Principal Pi	ace of Business	2a. Mailing Address		• • • • • • • • • • • • • • • • • • • •	4. FEI Number	Applied For		
21		26			23-7273769	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be				
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Countr	У	8. This corporation has liability for			
24	25	29	30			Yes No		
	9. Name and Address of Currer	nt Registered Agent	B.	i Nome	10. Name and Address of New Re	gistered Agent		
			B	i Name	}			
	HUGO L., JR.		82	Street	Address (P.O. Box Number is Not Acceptab	ie)		
MIAMI FI	ipont blog L 33131		8:	3				
	1		84	City		FL 85 Zip Code		
11. Pursuant t	to the provisions of Sections 617.050	2 and 617 1508. Florida Statut	es the abov	/e-name	d corporation submits this statement for the c			
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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	SIGNATURE Signature, typed or printed name of registered agent and lifto if applicable (NOTE Registered Agent a greature required when reinstating) DATE							
12,		D DIRECTORS	13.	you a grioto	ADDITIONS/CHANGES TO OFFIC			
TITLE	D	XX DELETE	1.1 TALE		Director	XX Change		
NAME	DRUEKE, RICHARD		1.2 NAME		Llewelyn, Lancelot			
STREET ADDRESS	15022 SW 146 ST		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP	Miami, FL 33186	İ		
TITLE	C	☐ DELFTE	2.1 TITL€		Director	Change Addition		
NAME	HUGHES, BURNIE		2.2 NAME		Hughes, Burnie			
STREET ADDRESS	15120 SW 69TH COURT		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	ST-ZIP	15120 SW 69th Court	i i		
TITLE	T	XX DELETE	3.1 TITLE		Treasurer	XX Change ☐ Addition		
NAME	BROWN, RICHARD		3.2 NAME		Hayes, Kathleen			
STREET ADDRESS	16225 S.W. 98 CT.		3.3 STREE	T ADDRESS	5851 S.W. 136th Street			
CITY-ST-ZIP	MIAMI FL		3.4. CITY	- ST- ZIP	Miami, FL 33156			
TITLE	S	XX delete	4.1 TITLE		Secretary	XX Change Addition		
NAME	ANBLER, ROBIN		4. 2 NAM	Ē	Hughes, Nathalie			
STREET ADDRESS	6430 SW 126TH STREET RO.	AD	4.3 STREE	T ADDRESS	Y	ļ		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-	ST-ZIP	Miami, FL 33157			
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME	Brusso, Leonard G.		5.2 NAME					
STREET ADDRESS	14190 S.W. 77TH AVE.		5.3 STREE	T ADDRESS				
CITY-ST;ZIP	MIAMI FL		5.4 CITY	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change Addition		
NAME	10 - 42		6.2 NAME					
STREET ADDRESS			6.3 \$TREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	<u> </u>			

14. I do 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.