FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

707653

(2)

ST ANDREW'S EPISCOPAL CHURCH, INC.

FILED
May 14 1998 8:00am
Secretary of State

ST ANDREW'S EPISCUPAL CHURCH, INC.										
Principal	Place of Business	Mailing Address				- I FRANTI NORTH DERNI HERIK OLIGIK BIYAR (1915 OLENI OLONI OLONI OLONI BIONI				
14260 OLD CUTLER ROAD MIAMI FL 33158 2. Principal Place of Business 21		14260 OLD CUTLER ROAD MIAMI FL 33158 2a. Malling Address 26				3. Date Incorporated or Qualified 07/30/1964 4. FEI Number Applied For				
						23-7273769 5. Certificate of Status Desired \$		Not Applicable 8.75 Additional Fee Required		
Suite,	Apt. #, etc.	Suite, Apt. #, etc. 27 City & State 28				· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees			
City & 23	State					7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No				
Zip Country Zip 24 25 28			Cour	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent						nt				
BLACK LICEO L. ID				81	Name					
1409 DUPONT BLDG			82	Street Address	Address (P.O. Box Number is Not Acceptable)					
MA	VII FL 33 131			83						
	_			84	City	FL ⁸	5	Zip Code		
11. Purse office agen	uant to the provisions of Sections 617 e or registered agent, or both, in the S at. I am familiar with, and accept the c	.0502 and 617.1508, Fl State of Florida. Such of obligations of, Section 6	orida Statutes, the ab nange was authorized 17.0503, Florida Statu	ove by ites	named corporation's	ation submits this statement for the purpose of char 's board of directors. I hereby accept the appoint	ngii	ng its registered t as registered		

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.														
SIGNATURE Signature, typod or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating) DATE														
12.	OFFICERS AND D	13.		ICERS AND DIRECTORS IN 12										
TITLE	Ď	☐ DELETE	1.1 TITLE D	John Zei	en	☐ Change	XXAddition							
NAME	LLEWELYN, LANCELOT		1.2 NAME	19721 SW	100 Ave									
STREET ADDRESS	9268 S.W. 146TH PLACE		1.3 STREET ADDRESS	Miami FL	33157									
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP											
TITLE	D	XX DELETE	2.1 TITLE			☐ Change	Addition							
NAME	HUGHES, BURNIE		2.2 NAME											
STREET ADDRESS	15120 SW 69TH COURT		2.3 STREET ADDRESS	1										
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP											
TITLE	Ī	DELETE	3.1 TITLE			Change	Addition							
NAME	H AYES, KATHLEEN		3.2 NAME											
STREET ADDRESS	5851 S.W. 136TH ST		3.3 STREET ADDRESS											
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP											
TITLE	\$	☐ DELETE	4.1 TITLE			☐ Change	Addition							
NAME	HUGHES, NATHALIE		4. 2 NAME											
STREET ADDRESS	17220 S.W. 87TH COURT		4.3 STREET ADDRESS											
CITY-ST-ZIP	MIAMI FL		4.4 CITY - ST - ZIP											
TITLE	Ď	☐ DELETE	5.1 TITLE			☐ Change	Addition							
NAME	Brusso, Leonard G.		5.2 NAME											
STREET ADDRESS	14190 S.W. 77TH AVE.		5.3 STREET ADDRESS											
CITY-ST-ZIP	MIAMI FL		5.4 CITY - ST - ZIP											
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition							
NAME			6.2 NAME											
STREET ADDRESS			6.3 STREET ADDRESS											
CITY_ST_JIP			6 4 CITY C1 7ID	1										

14. 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 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.

SIGNATURE:

Property Con River

4/1/90

CR2E037 (