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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707653**

1. Corporation Name
ST ANDREW'S EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
14260 OLD CUTLER ROAD MIAMI FL 33158	14260 OLD CUTLER ROAD MIAMI FL 33158

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/30/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7273769 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BLACK, HUGO L., JR.
1409 DUPONT BLDG
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLEWELYN, LANCELOT 9268 S.W. 146TH PLACE MIAMI FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T WILLIAM H. CARR 9730 SW 140 St Miami FL 33176	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZEIEN, J 19721 SW 100 AVE MIAMI FL 33157	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D GERALD HARBAUGH 7450 SW 172 St Miami FL 33157	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAYES, KATHLEEN 5851 S.W. 136TH ST MIAMI FL	XX ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D JOANNE C. KATON 1800 SW 92 Pl. Miami FL 33165	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUGHES, NATHALIE 17220 S.W. 87TH COURT MIAMI FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUSSO, LEONARD G. 14190 S.W. 77TH AVE. MIAMI FL	XX ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _____ **REQUIRED** 5/11/99 305-238-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)