FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # 707653 **Secretary of State** 1. Entity Name ST ANDREW'S EPISCOPAL CHURCH, INC. 03-12-2001 90494 021 ****61.25 Mailing Address Principal Place of Business 14260 OLD CUTLER ROAD 14260 OLD CUTLER ROAD MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-7273769 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GAEBE, JOHN 2950 S.W. 27TH AVENUE SUITE 100 Zip Code **MIAMI FL 33133** FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Delete TITLE NAME HAMLIN, RICHARD L NAME STREET ADDRESS 9453 S.W. 185 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change Addition TITLE ☐ Delete TITLE NAME GAEBE, JOHN NAME STREET ADDRESS STREET ADDRESS 5870 S.W. 96 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 TITL F XIII Delete TITLE ☐ Change Addition NAME HARBAUGH, GERALD William H. Carr STREET ADDRESS STREET ADDRESS 9730 SW 140 St Miami FL 3317 7450 SW 172 ST CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33157 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BROWNING, ELLEN** NAME NAME STREET ADDRESS STREET ADDRESS 5345 S.W. 99 TERRACE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 XXX Delete TITLE TITLE ☐ Change Addition Ronald Pinder NAME AMBLER, SCOTT NAME STREET ADDRESS STREET ADDRESS 7851 SW 170 St 6430 S.W. 126 ST. RD. CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33157 MIAMI FL 33156 M Addition TITLE TITLE ☐ Change Detete Maricela Llewelyn 9268 SW 146 Pl NAME RHODES, SUSAN NAME STREET ADDRESS 8362 S.W. 165 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami FL 33186 MIAMI FL 33157

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Richard L. Hamlin, Rector (305)238-2161