

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707653

FILED  
Jun 17, 2008  
Secretary of State

**Entity Name:** ST ANDREW'S EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

14260 OLD CUTLER ROAD  
MIAMI, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

14260 OLD CUTLER ROAD  
MIAMI, FL 33158

**New Mailing Address:**

**FEI Number:** 23-7273769      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GAEBE, JOHN  
3211 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VERELL, GARY A  
Address: 917 EASTRIDGE VILLIAGE DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: GAEBE, JOHN  
Address: 5870 S.W. 96 STREET  
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete  
Name: HEMINGWAY, WILLIAM  
Address: 7950 SW 165 ST  
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete  
Name: BROWNING, ELLEN  
Address: 8440 SW 162 TERR  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: WILLIAMS, PATRICIA I  
Address: 8620 SW 182 STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: WIEGERT, MICHAEL  
Address: 16202 SW 87 CT  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. VERELL

P

06/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date