

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708309 (0)

1. Corporation Name
CHURCH OF SAINT BERNARD DE CLAIRVAUX, INC.

Principal Place of Business 16711 W DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160	Mailing Address 16711 W DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160-3714
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/30/1964		3a. Date of Last Report 02/08/1996	
				4. FEI Number 59-6165566		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KAY, STANLEY 4000 NE 170 ST N.MIAMI BCH. FL 33160				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			
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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 Stanley Kay DATE 2/24/97
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	T	<input type="checkbox"/> DELETE	1.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BESSENT, RALPH		1.2 NAME	Tony Pinone			
STREET ADDRESS	1748 N.E. 176TH STREET		1.3 STREET ADDRESS	680 N. Island			
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	Golden Beach, FL 33160			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONLIFFE, WINSTON		2.2 NAME	Eugene Dwyer			
STREET ADDRESS	17630 NW 67TH AVENUE, # 1201		2.3 STREET ADDRESS	269 N.E. 165 St.			
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP	N. miami Beach, FL 33162			
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAY, STANLEY		3.2 NAME				
STREET ADDRESS	4000 NE 170 STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4 CITY-ST-ZIP				
TITLE	CD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	The Rev. Canon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAILEY, BRUCE E.		4.2 NAME	Ronald N. Fox			
STREET ADDRESS	1505 N.E. 140 ST.		4.3 STREET ADDRESS	3464 Oak Ave.			
CITY-ST-ZIP	N.MIAMI FL		4.4 CITY-ST-ZIP	miami, FL 33133			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE: Stanley Kay **REQUIRED** 1-22-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)