


FILE NOW: FILING FEE IS \$64.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/30/1964	
4. FEI Number 59-6165566	Applied For <input type="checkbox"/> Yes <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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 John M. Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 5212 NE 6 AVE #4A 83 84 City Ft. Lauderdale FL 85 Zip Code 33334

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 *John M. Wilson* DATE **5-15-98**

12. OFFICERS AND DIRECTORS	
T NAME PIRONE, TONY STREET ADDRESS 880 N ISLAND CITY-ST-ZIP GOLDEN BEACH FL	<input checked="" type="checkbox"/> DELETE
D NAME DWYER, EUGENE STREET ADDRESS 200 NE 185TH ST CITY-ST-ZIP NORTH MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE
PD NAME KAY, STANLEY STREET ADDRESS 4000 NE 170 STREET CITY-ST-ZIP N. MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE
RCD NAME FOX, RONALD STREET ADDRESS 3464 OAK AVE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME Edwin Flores 1.3 STREET ADDRESS 1590 NE 109 ST 1.4 CITY-ST-ZIP MIAMI FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME RUSSELL CORBETT 2.3 STREET ADDRESS 1780 NE 137 ST TERR 2.4 CITY-ST-ZIP NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME JOHN M. WILSON 3.3 STREET ADDRESS 5212 NE 6 AVE #4A 3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *John M. Wilson* DATE **5-15-98** 954-772-6761

CR2E037 (10/97)