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**Mar 11, 1999 8:00 am**  
**Secretary of State**

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0032798

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 708309**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6165566	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

**WILSON, JOHN M**  
**5215 NE 6TH AVENUE #4A**  
**FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T
NAME	FLORES, EDWIN	1.2 NAME	MARGARET LONG
STREET ADDRESS	1590 NE 109TH STREET	1.3 STREET ADDRESS	1780 NE 137 TERR
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	D	2.1 TITLE	D
NAME	CORBETT, RUSSELL	2.2 NAME	PENNY STURROCK-CLARK
STREET ADDRESS	1780 NE 137TH TERRACE	2.3 STREET ADDRESS	20507 NW 15TH AVE
CITY-ST-ZIP	MIAMI FL 33181	2.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PD	3.1 TITLE	
NAME	WILSON, JOHN M	3.2 NAME	
STREET ADDRESS	5212 NE 6TH AVENUE #4A	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33334	3.4 CITY-ST-ZIP	
TITLE	RCD	4.1 TITLE	
NAME	FOX, RONALD	4.2 NAME	
STREET ADDRESS	3464 OAK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.6.99

305-260-2303

CR2E037 (11/98)