

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:07

DOCUMENT # 713025 (5)

1. Corporation Name
ALL SOULS' EPISCOPAL CHURCH FOUNDATION, INC.

Principal Place of Business Mailing Address
4025 PINE TREE DR
~~4025 PINE TREE DR~~
~~MIAMI BEACH FL 33140~~
US
4025 PINE TREE DR
~~4025 PINE TREE DR~~
~~MIAMI BEACH FL 33140~~
US

2. Principal Place of Business 2a. Mailing Address
21 **4025 Pine Tree DR** 26 **4025 Pine Tree DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Miami Beach, FL** 28 **Miami Beach, FL**
Zip Country Zip Country
24 **33140** 25 **Dade** 29 **33140** 30 **33140**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **07/05/1967** 3a. Date of Last Report **05/01/1994**
4. FEI Number **23-7062126** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GRAMLING, FRANK R.
200 SE 13th ST *200 SE 13th St.*
~~8400 MIAMI CENTER~~
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name **Mr. Frank R. Gramling**
82 Street Address (P.O. Box Number is Not Acceptable) **200 SE 13th ST**
83
84 City **Ft. Lauderdale** FL 85 Zip Code **33316**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMLING, FRANK R.	1.2 NAME	Frank R. Gramling
STREET ADDRESS	200 S. E. 13TH ST	1.3 STREET ADDRESS	200 SE 13th ST
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	D	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, WILLIAM L.	2.2 NAME	William L. Allison
STREET ADDRESS	13255 SW 16TH CT. APT. 201	2.3 STREET ADDRESS	13255 SW 16th CT Apt. 210
CITY-ST-ZIP	PEMBROKE PINES FL 33027	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	D	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMS, LEWIS T.	3.2 NAME	Lewis T. Harms
STREET ADDRESS	9 ISLAND AVE, BELLEISLAND	3.3 STREET ADDRESS	9 Island Ave #1115 Belle Isle
CITY-ST-ZIP	MIAMI FL 33139	3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	DC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMLING, FRANK	4.2 NAME	<i>delete</i>
STREET ADDRESS	201 E. MARINO DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	The Rev. L. Howard Maltby
STREET ADDRESS		5.3 STREET ADDRESS	4027 Pine Tree DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank R. Gramling *February 2, 1995*
DATE: _____
Frank R. Gramling (305) 763-5020