# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

**DOCUMENT # 713025 (5)**

1. Corporation Name

**ALL SOULS' EPISCOPAL CHURCH FOUNDATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4025 PINE TREE DR<br>MIAMI BEACH FL 33140<br>US | 4025 PINE TREE DR<br>MIAMI BEACH FL 33140<br>US |

3. Date Incorporated or Qualified: 07/05/1967
3a. Date of Last Report: 03/13/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No XX

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

GRAMLING, FRANK R.
200 SE 13TH ST
FT. LAUDERDALE FL 33316

**10. Name and Address of New Registered Agent**

81 Name: Rev. L. Howard Maltby
82 Street Address (P.O. Box Number is Not Acceptable): 4027 Pine Tree Drive
83
84 City: Miami Beach FL 85 Zip Code: 33140

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: L. Howard Maltby 7/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | GRAMLING, FRANK R. | |
| STREET ADDRESS | 200 S. E.13TH ST | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33316 | |
| TITLE | D | XX DELETE |
| NAME | ALLISON, WILLIAM L. | |
| STREET ADDRESS | 13255 SW 16TH CT APT. 210 | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | D | ☐ DELETE |
| NAME | HARMS, LEWIS T | |
| STREET ADDRESS | 9 ISLAND AVE #1115 BELLE ISLE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | ☐ DELETE |
| NAME | MALTBY, THE R L. | |
| STREET ADDRESS | 4027 PINE TREE DR | |
| CITY-ST-ZIP | MIAMI BEACH, FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | D | XX ☒ Change XX ☒ Addition |
| 1.2 NAME | Cullen, James T. | |
| 1.3 STREET ADDRESS | 259 Bal Bay Drive | |
| 1.4 CITY-ST-ZIP | Bal Harbour, FL 33154 | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] FRANK R. GRAMLING 7/2/96 954-783-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #