

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90065 024 ****61.25

DOCUMENT # 713025

1. Entity Name

ALL SOULS' EPISCOPAL CHURCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

4025 PINE TREE DR
 MIAMI BEACH FL 33140
 US

4025 PINE TREE DR
 MIAMI BEACH FL 33140
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7062126

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALTY, REV. L. HOWARD
4027 PINE TREE DRIVE
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	GRAMLING, FRANK R.	
STREET ADDRESS	200 S. E. 13TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGESS, JAMES	
STREET ADDRESS	4894 COLLINS AVENUE #3	
CITY-ST-ZIP	DEL HARBOR FL 33154-1811	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARMS, LEWIS T	
STREET ADDRESS	9 ISLAND AVE #1115	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALTY, THE REV	
STREET ADDRESS	4027 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLISON, WILLIAM L	
STREET ADDRESS	13255 SW 16TH CT., APT. 210	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENALTA, DOBSON	
STREET ADDRESS	4021 SW 5 TERR	
CITY-ST-ZIP	MIAMI FL 33134-2040	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9944 Collins Ave #3	
STREET ADDRESS	Bal Harbor, FL	
CITY-ST-ZIP	33154-1811	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cullen, Donna	
STREET ADDRESS	259 Bal Bay Drive	
CITY-ST-ZIP	Bal Harbour, FL 33154-1368	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malty, Rev. L. Howard	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33027-2431	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dobson, Denalta	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Howard Malty* / **L. Howard Malty** **4/25/2001** **(305) 538-2244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

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