


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90167 011 ****61.25

DOCUMENT # 713025

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



Principal Place of Business
4025 PINE TREE DR
MIAMI BEACH, FL 33140 US

Mailing Address
4025 PINE TREE DR
MIAMI BEACH, FL 33140 US


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. *same*

3. Mailing Address
 Suite, Apt. #, etc. *same*

City & State *same*

City & State *same*

Zip Country Zip Country



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7062126

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CULLEN, DONNA
9133 COLLINS AVE APT 1-B
MIAMI BEACH, FL 33154

7. Name and Address of New Registered Agent

Name *Sheila Collins*

Street Address (P.O. Box Number is Not Acceptable)
1465 NE 121st St. #313

City *N Miami* FL Zip Code *33161*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *4.22.07*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	JIMENEZ-LOZAK, BONNIE	
STREET ADDRESS	1825 DAYTONA RD.	
CITY-ST-ZIP	MIAMI BEACH, FL 331411736	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CULLEN, DONNA	
STREET ADDRESS	9133 COLLINS AVE, APT 18	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARRIMAN, STEPHEN	
STREET ADDRESS	4201 ROYAL PALM	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	C	<input type="checkbox"/> Delete
NAME	COLLINS, SHEILA	
STREET ADDRESS	1465 NE 121ST ST #313	
CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	MAHFOOD, RICHARD	
STREET ADDRESS	291 BAL BAY DR #210	
CITY-ST-ZIP	MIAMI BEACH, FL 331541358	
TITLE	PITT	<input type="checkbox"/> Delete
NAME	TIDY, REV. JOHN	
STREET ADDRESS	4027 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Richards	
STREET ADDRESS	650 West Ave. #1612	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Sheila	
STREET ADDRESS	1465 NE 121st #313	
CITY-ST-ZIP	N. Miami, FL 33161	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULLEN, JAMES T., JR.	
STREET ADDRESS	9133 Collins Ave., #1B	
CITY-ST-ZIP	Surfside, FL 33154-3118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* *Sheila Collins* DATE: *4.22.07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #