

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713025

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ALL SOULS' EPISCOPAL CHURCH FOUNDATION, INC.

**Current Principal Place of Business:**

4025 PINE TREE DR  
MIAMI BEACH, FL 331403601 US

**New Principal Place of Business:**

**Current Mailing Address:**

4025 PINE TREE DR  
MIAMI BEACH, FL 331403601 US

**New Mailing Address:**

**FEI Number:** 23-7062126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, SHEILA  
1465 NE 121 ST  
#B313  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: JIMENEZ-LOZAK, BONNIE MRS  
Address: 1825 DAYTONA RD.  
City-St-Zip: MIAMI BEACH, FL 331411736 US

Title: T  
Name: RICHARDS, STEPHEN MR  
Address: 650 W AVE # 2903  
City-St-Zip: MIAMI BEACH, FL 331396364 US

Title: C  
Name: COLLINS, SHEILA MS  
Address: 1465 NE 121ST ST #B313  
City-St-Zip: N. MIAMI, FL 33161 US

Title: T  
Name: CULLEN, DONNA MRS  
Address: 9133 COLLINS AVE #1B  
City-St-Zip: SURFSIDE, FL 33154 US

Title: PITT  
Name: TIDY, JOHN H REVD.  
Address: 4027 PINE TREE DR  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN H. TIDY

REVD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date