2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90151 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

☐ CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

GRAMLING, FRANK R
4027 PINE TREE DRIVE
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: DONNA CULLEN
Street Address (P.O. Box Number is Not Acceptable): 9133 COLLINS AVE APT 1-B
City: SURFSIDE FL Zip Code: 33154

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: Donna L. Cullen — 6 APR 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRAMLING, FRANK R. 200 S. E.13TH ST FT. LAUDERDALE FL 33316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOGGESS, JAMES 9944 COLLINS AVE 3 BEL HARBOR FL 33154-1811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULLEN, DONNA 259 BAL BAY DRIVE BAL HARBOUR FL 33154-1368	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP 9133 ~~BAL BAY DRIVE~~ COLLINS AVE APT 1B SURFSIDE FL 33154 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLISON, WILLIAM L 13255 SW 16TH CT., APT. 210 PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MORRISON, HANK~~ ~~93 PA~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRISON, HANK 93 PALM AVENUE MIAMI BCH FL 33139 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED — 4/6/03 — 305 531-6529