## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

720172

(6)

## ST. SIMON'S EPISCOPAL CHURCH, INC.

Principal Place of Business Mailing Address						1 (00)11 10010 10011 00111 11011		11811 81811	******
10950 S.W. 34TH ST. 10950 S.W. 34TH ST. MIAMI FL 33165-3542 MIAMI FL 33165-3542									
						3. Date Incorporated or Qualified 02/02/1971	3a. Date of L 05/22	ast Rep 2/1996	
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Appli	ed For
21		26				59-0992601			applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	11 7-1	. <b>75</b> Add ee Requ	
City & State	3	City & State				6. Election Campaign Financing		5.00 M	ay Be
23		28				Trust Fund Contribution	•	ded to	
Zip	Country	Zip	—	untry		8. This corporation has liability for in		der s. 1	99.032,
24	25 9. Name and Address of Curren	29 Agent	30	T-		Florida Statutes  10. Name and Address of New Res	Yes No		
	g. Hame and Address of Culter	r Defision whent		B1	Name	IO. Halle and Address of New Neg	hatelen våelit		
011100	III NA DEL CADIDO								
SANDOVAL, MD, REV. CARLOS				82 Street Address (P.O. Box Number is Not Acceptable)					
10950 S.W. 34TH ST.				83					
MIAMI F	L 33165-3542								
				84	City		FL 85	Zip Co	de .
11. Pursuant office or ragent. La	to the provisions of Sections 617.050: egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statut of Florida. Such change was ations of, Section 617.0503, Fl	es, the a authorize orida Sta	bove d by	e-named corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of chang t the appointme	jing its r int as re	egistered gistered
SIGNATURE									
OIGHATORE ,	Signature, typed or printed name of registered age			о Аде	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D			1.1 TITLE			L. Ch	ange (	Addition
NAME	SANDOVAL, CARLOS			IAME					
STREET ADDRESS	10950 S.W. 34TH ST.		1		ADDRESS				
CITY-ST-ZIP	The state of the s			1.4 CITY-ST-ZIP					1.000
TITLE	10			2.1 TITLE			Ch	ange i	Addition
NAME	Morgan, Dwight			NAME					
STREET ADDRESS	414 17 E3 111E # 444			2.3 STREET ADDRESS					
CITY - S1 - ZIP	HIALEAH FL 33012	Pricts			ST-ZIP				à dellates
TITLE	PD	☐ DELETE 3.1 T					L Ch	यः।तैव ।	Addition
NAME	MENDEZ, MODESTO			NAME					
STREET ADDRESS	7445 SW 23 ST				ADDRESS				
CITY - ST - ZIP	MIAMI FL 33165	DELETE		CITY-S	ST-ZIP		☐ Ch		Addition
TITLE		☐ DELETE	4.1 TITLE				U	miña	L MUDICION
NAME			- 1	NAME	4800505				l
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4.4 CITY - ST - ZIP 5.1 TITLE			☐ Ch		Addition
TITLE								រថស៊េត	LL AUGRION
NAME				NAME		•			
STREET ADDRESS			■ 535	STREET	ADDRESS				

6.4 City-St-ZIP 14. I do 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 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.

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

DELETE

305-22/-4752

**FILED** 

Feb 03 1997 8:00am

Secretary of State

Change