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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 720203 1. Corporation Name TRINITY EPISCOPAL CATHEDRAL, INC.		
Principal Place of Business 464 N E 16TH ST MIAMI FL 33132-1220 US	Mailing Address 464 N E 16TH ST MIAMI FL 33132-1220 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/04/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0838103
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRICKBAUM, DONALD W. 464 N.E. 16TH STREET MIAMI FL 33132				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRICKBAUM, DONALD W.	1.2 NAME	
STREET ADDRESS	464 N.E. 16TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSOLO, PHILIP	2.2 NAME	
STREET ADDRESS	15310 DUNBARTON PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ANNE S	3.2 NAME	
STREET ADDRESS	519 LORETTO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARHAM, PATRICK	4.2 NAME	VICE PRESIDENT
STREET ADDRESS	21085 NE 34TH AVE #102	4.3 STREET ADDRESS	ALFREDO MACAYA
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	152 NE 44 STREET MIAMI FL 33137
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCUPHOLME, ANNE	5.2 NAME	SECRETARY
STREET ADDRESS	9311 SW 4TH ST	5.3 STREET ADDRESS	CURT GOTER
CITY-ST-ZIP	MIRAMAR FL 33174	5.4 CITY-ST-ZIP	20 ISLAND AVENUE #203 MIAMI BEACH FL 33139
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

DONALD W. KRICKBAUM, PRESIDENT

3/19/99

305 374 3372

CR2E037 (4-1/98)