

FILE NOW: FILING FEE IS \$61.25

FILED

**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723425 (5)
1. Corporation Name
CHRIST EPISCOPAL CHURCH, INC.



Principal Place of Business 3481 HIBISCUS ST. MIAMI FL 33133-5717	Mailing Address POP BOX 330006 MIAMI FL 33133
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3. Date Incorporated or Qualified
05/16/1972

4. FEI Number 59-2352066	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**GRIFFITH, BERNARD M
3481 HIBISCUS ST.
MIAMI FL 33133-5717**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

TITLE	D <input type="checkbox"/> DELETE
NAME	SILVA, VERNEKA
STREET ADDRESS	3587 HIBISCUS ST.
CITY-ST-ZIP	MIAMI FL 33133-5717
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, HIRAM J.
STREET ADDRESS	10079 SW 223 LANE
CITY-ST-ZIP	MIAMI FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, TERRANCE
STREET ADDRESS	P.O. BOX 833
CITY-ST-ZIP	MIAMI FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	FIFE, CATHY T.
STREET ADDRESS	15942 SW 73RD ST.
CITY-ST-ZIP	MIAMI FL 33193
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Silva, Vernika
1.3 STREET ADDRESS	P. O. Box 1607 NA
1.4 CITY-ST-ZIP	Miami, FL 33133
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniels, Carol
3.3 STREET ADDRESS	14820 Harrison Street
3.4 CITY-ST-ZIP	Miami, FL 33176
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Simpson, Dazelle D., M.D.
4.3 STREET ADDRESS	3619 Percival Avenue
4.4 CITY-ST-ZIP	Miami, FL 33133
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Dazelle D. Simpson* **4/6/98 (205) 444-3819**

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