2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am **DOCUMENT # 723425** Secretary of State 1. Entity Name 05-01-2006 90318 015 ****61.25 CHRIST EPISCOPAL CHURCH, INC. Principal Place of Business Mailing Address 3481 HIBISCUS ST. POP BOX 330006 MIAMI FL 33133-5717 **MIAMI FL 33133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-2352066 Not Applicable Zip · Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFITH, BERNARD M Street Address (P.O. Box Number is Not Acceptable) 3481 HIBISCUS ST. MIAMI FL 33133-5717 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE DANIELS, WILLIE C NAME NAME 14820 HARRISON STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE Williams Wendell 3800 Vak Avenue Miami, FL 33133 Addition SAUNDERS, THADDEUS NAME NAME 3751 OAK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MCKENZIE, FLORA I NAME NAME STREET ADDRESS 14915 S.W. 80TH ST., #109 STREET ADDRESS CITY-ST-79 MIAMI FL 33193 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition QUESENBERRY, III, WILLIAM F NAME NAME STREET ADDRESS 1315 CAMPO SANO AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: MM F. Philsen Lemmer William Quesenberry 4/18/04 1305) 1415-0903

if changed, or on an attachment with an address, with all other like empowered.

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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