2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723425

Title:

Name:

Address:

City-St-Zip:

FILED Jan 09, 2009 Secretary of State

Entity Name: CHRIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 3481 HIBISCUS ST. MIAMI, FL 331335717 **Current Mailing Address: New Mailing Address:** POP BOX 330006 POP BOX 330006 MIAMI, FL 33133 MIAMI, FL 33233 US FEI Number: 59-2352066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIFFITH, BERNARD M 3481 HIBISCUS ST. MIAMI, FL 331335717 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DANIELS, WILLIE C GILES, VIOLET Name: Name: Address: 14820 HARRISON STREET Address: 14510 SW 106 CT City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: () Change () Addition WILLIAMS, WENDELL Name: Name: Address: 3800 OAK AVE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition MCKENZIE, FLORA I Name: Name: 14915 S.W. 80TH ST., #109 Address: Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: QUESENBERRY, III, WILLIAM F Name: 1315 CAMPO SANO AVE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM QUESENBERRY D 01/09/2009

() Delete

LATTY, AARON

14750 SW 135 AVE

MIAMI, FL 33177

() Change () Addition