

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723425

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** CHRIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

3481 HIBISCUS ST.  
MIAMI, FL 331335717

**New Principal Place of Business:**

**Current Mailing Address:**

POP BOX 330006  
MIAMI, FL 33233 US

**New Mailing Address:**

**FEI Number:** 59-2352066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIFFITH, BERNARD M  
3481 HIBISCUS ST.  
MIAMI, FL 331335717 US

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: GILES, VIOLET  
Address: 14510 SW 106 CT  
City-St-Zip: MIAMI, FL 33176

Title: D  
Name: WILLIAMS, WENDELL  
Address: 3800 OAK AVE  
City-St-Zip: MIAMI, FL 33133

Title: DS  
Name: MCKENZIE, FLORA I  
Address: 14915 S.W. 80TH ST., #109  
City-St-Zip: MIAMI, FL 33193

Title: DT  
Name: QUESENBERRY, III, WILLIAM F  
Address: 1315 CAMPO SANO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D  
Name: BROWN, FREDERICKA  
Address: 3545 FRANKLIN AVE  
City-St-Zip: MIAMI, FL 33133

Title: D  
Name: TAYLOR, OLLIE  
Address: 10755 N.W. 50 ST  
City-St-Zip: MIAMI, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: WM F QUESENBERRY III

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04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date