


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90182 009 ****61.25

0079152

DOCUMENT # 723425
1. Entity Name
CHRIST EPISCOPAL CHURCH, INC.



Principal Place of Business
**3481 HIBISCUS ST.
MIAMI FL 33133-5717**

Mailing Address
**POP BOX 330006
MIAMI FL 33133**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2352066**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

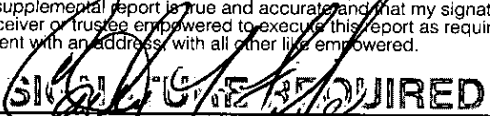
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, WILLIE C	
STREET ADDRESS	14820 HARRISON ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, CECIL	
STREET ADDRESS	5840 SW 62ND TERR	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CARTER-WRIGHT, MARCIA	
STREET ADDRESS	14680 HARRISON STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FIFE, CATHY T	
STREET ADDRESS	14960 BUCHANAN STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilder, Robert	
STREET ADDRESS	10855 S. W. 142nd Lane	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saunders, Thaddeus	
STREET ADDRESS	3751 Oak Avenue	
CITY-ST-ZIP	Miami, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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


SIGNATURE:  **SIGNATURE REQUIRED** 2/24/03 (305) 442-8542

CR2E037 (10/02)

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Attachment
10028542

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SIGNATURE *Bernard M. Griffith* **02/24/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, CECIL 5840 SW 62ND TERR MIAMI FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARTER-WRIGHT, MARCIA 14680 HARRISON STREET MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FIFE, CATHY T 14960 BUCHANAN STREET MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Saunders, Thaddeus 3751 Oak Avenue Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *[Signature]* **2/24/03 (305) 442-9542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2P037 (10/02)