

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$1.25 (IF DISSOLVED); MINIMUM AMOUNT DUE TO REINSTATE: \$230.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

DOCUMENT # 739802 (7)

1. Corporation Name:

ST. THOMAS EPISCOPAL CHURCH, INCORPORATED

Principal Place of Business:

Mailing Address:

5690 SW 88TH ST  
 MIAMI FL 33156

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 MIAMI FL 33156

2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State:

27 City & State:

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

TOBIN, ROGER M  
 5475 BANYAN DRIVE  
 MIAMI FL 33156

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

Signature of current registered agent and fee, if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12 OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IF ANY)

TITLE	SED	<input checked="" type="checkbox"/> DELETE
NAME	PROPECK, DIANE	
STREET ADDRESS	9001 SW 201 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, WILLIAM B	
STREET ADDRESS	7421 SW 148TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOBIN, ROGER M	
STREET ADDRESS	5475 BANYAN DR.	
CITY-STATE-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STIEGLITZ, BLACKWELL J	
STREET ADDRESS	9250 SW 83 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURG, PETER L	
STREET ADDRESS	7421 SW 131 ST	
CITY-STATE-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROSE, ANN	
13 STREET ADDRESS	8201 SW 142 ST	
14 CITY-STATE-ZIP	MIAMI FL 33158-1048	
21 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HOOD, STEVEN	
23 STREET ADDRESS	7843 SW 166 ST	
24 CITY-STATE-ZIP	MIAMI FL 33157-3746	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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: *[Signature]*

SIGNATURE AND YEAR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/98 305-661-3436

Date: Daytime Phone #

CR2E037 (5/98)