

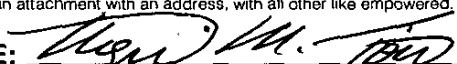


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90049 026 \*\*\*\*70.00

<b>DOCUMENT # 739802</b>							
1. Entity Name ST. THOMAS EPISCOPAL CHURCH, INCORPORATED							
Principal Place of Business 5690 SW 88TH ST MIAMI, FL 33156		Mailing Address 5690 SW 88TH ST MIAMI, FL 33156		<p style="font-size: 24pt; text-align: center;">94022475</p> 			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-0751930 <table border="1" style="float: right;"> <tr><td>Applied For</td></tr> <tr><td>Not Applicable</td></tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01052004 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TOBIN, ROGER M 5401 BANYAN DRIVE MIAMI, FL 33156			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City				
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PSD	<input checked="" type="checkbox"/> Delete	TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOHNSON, CHARLES		NAME	Paula Brockway			
STREET ADDRESS	2120 N GREENWAY DR		STREET ADDRESS	4835 Hammock Lake Dr.			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33156			
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVIS, LARRY		NAME				
STREET ADDRESS	5401 SW 64TH PL		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOBIN, ROGER M		NAME				
STREET ADDRESS	5401 BANYAN DRIVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KALBAC, JOSEPH		NAME				
STREET ADDRESS	5750 SW 48TH ST		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWMAN, JULI		NAME				
STREET ADDRESS	935 ESCOBAR		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABELS, FL 33134		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 like empowered.							
SIGNATURE: 		Date: 2/4/04		Daytime Phone #: 305-661-3436			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							