2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State

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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



07032006 No Chg-NP

CR2E037 (4/06)

00 07 0 1000	Trot Applicaci
59-0751930	Not Applicable
4. FEI Number	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOBIN, ROGER M 5401 BANYAN DRIVE MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

,				I HIS SPACE
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and st	le il applicable (NOTE: Registerei	d Agent signature required whon reinstating)	DATE
D	Filing Fee is \$61.25 ue by September 6, 2006	Election Campaign Finar Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS		
NAME STREET ADDRESS CITY+ST-ZIP	D JOHNSON, CHARLES 2120 N GREENWAY DR CORAL GALBES, FL 33134			U00000568003
TATLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORBAN, ROBERT 15305 SW 90 AVE MIAMI, FL 33157			07/06/06-80004-009-70.00
THE NAME STREET ADDRESS CITY+ST-ZIP	D TOBIN, ROGER M 5401 BANYAN DRIVE MIAMI, FL 33156		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KALBAC, JOSEPH 5750 SW 48TH ST MIAMI, FL 33155		in.	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T NEWMAN, JULI 935 ESCOBAR CORAL GABELS, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the extended and accurate and that my signat	emptions contained in Chapter 119 ure shall have the same legal effective.	9. Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

MATURE OND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/01 305-661-3436