

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

DOCUMENT # 771192 (2)
1. Corporation Name
ST. STEPHEN'S EPISCOPAL CHURCH, INC.

MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2750 MCFARLANE ROAD COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1983
3a. Date of Last Report 06/13/1994
4. FEI Number 59-0638488
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 29 30

9. Name and Address of Current Registered Agent
COLLINS, MARGARET
8460 SW 156 PL #714
MIAMI FL 33193

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature (typed or printed name) of registered agent and the following: _____ DATE (typed or printed name) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	R	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, ROBERT J.	12 NAME	
STREET ADDRESS	2750 MCFARLANE RD.	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON, BONELL	22 NAME	DAVID C. NEALE
STREET ADDRESS	6935 S.W. 29TH ST	23 STREET ADDRESS	3155 VIA ARIZONA
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	COCONUT GROVE, FL 33133
TITLE	CD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKARIAN, DAVID	32 NAME	
STREET ADDRESS	7740 SW 53 AVE	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	34 CITY, ST, ZIP	
TITLE	T	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANG, BRADLEY	42 NAME	TEM RUGG
STREET ADDRESS	15244 SW 68TH ST.	43 STREET ADDRESS	3924 HAWKINS RD
CITY, ST, ZIP	MIAMI FL	44 CITY, ST, ZIP	MIAMI, FL 33133
TITLE	C	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADEIRA, DUANE	52 NAME	
STREET ADDRESS	7730 CAMINO REAL	53 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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: David C. Neale DAVID C. NEALE
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR D.C. = 70A
6/27/1995 448-2661