

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified **11/14/1983** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-0638488** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	R	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, ROBERT J.	
STREET ADDRESS	2750 MCFARLANE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEALE, DAVID	
STREET ADDRESS	3185 VIA ABITARE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MARKARIAN, DAVID	
STREET ADDRESS	7740 SW 53 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSS, TIM	
STREET ADDRESS	3924 HARDIE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MADEIRA, DUANE	
STREET ADDRESS	7730 CAMINO REAL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GUYBATEL
3.3 STREET ADDRESS	4418th RIDGERD.
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID HAYS
6.3 STREET ADDRESS	243 FLUVIA
6.4 CITY-ST-ZIP	CORAL GABLES FL 33134

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(3)(k), 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 in an attachment with an address.

SIGNATURE: David C. Neale Date: 5/13/96 Daytime Phone # _____

CR2E037 (12/95)