


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-08-2004 90041 019 ****61.25

DOCUMENT # 771192
 1. Entity Name
ST. STEPHEN'S EPISCOPAL CHURCH, INC.



Principal Place of Business
 2750 MCFARLANE ROAD
 COCONUT GROVE, FL 33133

Mailing Address
 2750 MCFARLANE ROAD
 COCONUT GROVE, FL 33133

66407072



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01152004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0638488

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BELL, SANDRA T
 2750 MCFARLANE ROAD
 MIAMI, FL 33133

7. Name and Address of New Registered Agent
 Name **MICHAEL MOORE, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
HOLLAND KNIGHT
701 BRICKELL AVE.
 City **MIAMI** FL Zip Code **33131**

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: *Michael Moore* **MICHAEL T. MOORE** DATE: **1/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10. Filing Fee is \$81.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSW	<input checked="" type="checkbox"/> Delete
NAME	LOWELL, JOHN	
STREET ADDRESS	185 W SUNRISE AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENTON, FLOY BONELL	
STREET ADDRESS	5935 SW 29 ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HORNBY, SIMON	
STREET ADDRESS	155 MORINGSIDE DR.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	PSWD	<input checked="" type="checkbox"/> Delete
NAME	LOWELL, JOHN	
STREET ADDRESS	185 W SUNRISE AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	RD	<input type="checkbox"/> Delete
NAME	ALLEN-FAIELLA, WILLIFRED	
STREET ADDRESS	2750 MCFARLANE ROAD	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	C	<input type="checkbox"/> Delete
NAME	BEYNON, LORETTA	
STREET ADDRESS	7865 CAMINA REAL #L403	
CITY-ST-ZIP	MIAMI, FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBERG, CHRISTOPHER	
STREET ADDRESS	111 E. SUNRISE AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK ROIST	
STREET ADDRESS	8600 SW 133 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colin Veater	
STREET ADDRESS	41 SW 18th Ter	
CITY-ST-ZIP	MIAMI 33129	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 persons empowered.

SIGNATURE: *R. Chris Steubert* DATE: **2/29/04** DAYTIME PHONE: **305-378-3152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D = DIRECTOR PSW = SENIOR WARDEN
 T = TREASURER