

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771192

FILED
Mar 10, 2009
Secretary of State

Entity Name: ST. STEPHEN'S EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

2750 MCFARLANE ROAD
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2750 MCFARLANE ROAD
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 59-0638488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MICHAEL ESQ
MOORE AND COMPANY
355 ALHAMBRA CIRCLE, SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSW () Delete
Name: COCHRANE, CAMILLA
Address: 760 SAN BRUNO
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: GONZALEZ, ANIELLA
Address: 14320 SW 19 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: VEATER, COLIN
Address: 41 SW 18TH TERR.
City-St-Zip: MIAMI, FL 33129

Title: RD () Delete
Name: ALLEN-FAIELLA, WILIFRED
Address: 2750 MCFARLANE ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: WDN () Delete
Name: HARRINGTON, JOYE
Address: 11401 NE 3RD AVE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSW (X) Change () Addition
Name: BERNUTH, COLLEEN
Address: 1411 CECILIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change () Addition
Name: GONZALEZ, ANIELLA
Address: 14320 SW 19 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: WDN (X) Change () Addition
Name: HARRINGTON, JOYE
Address: 11401 NE 3RD AVE
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN VEATER

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date