

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90460 005 ****61.25

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03172006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000004374					
1. Entity Name THE EPISCOPAL CURSILLO IN SOUTHEAST FLORIDA, INC.					
Principal Place of Business 8895 N MILITARY TRAIL 205C PALM BCH GARDENS, FL 33410			Mailing Address 8895 N MILITARY TRAIL 205C PALM BCH GARDENS, FL 33410		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
4. FEI Number 59-1276272		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RASMUS, PAUL A 8895 N MILITARY TRAIL 205C PALM BCH GARDENS, FL 33410			Name <i>Mary Gray Reeves</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>same</i>		
			City <i>same</i>		
			FL		Zip Code
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 <i>Mary Gray Reeves</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>4/7/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<i>Lay Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORGAN, DWIGHT	NAME	<i>Zoe S. Stout</i>		
STREET ADDRESS	150 SW 13 AVE	STREET ADDRESS	<i>149 Gregory Place</i>		
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	<i>West Palm Beach, FL 33405</i>		
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMONS, ANTHONY	NAME			
STREET ADDRESS	3309 S TURF RD	STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUINN, EDIE	NAME			
STREET ADDRESS	2888 DOLPHIN DRY	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH, FL 33445	CITY-ST-ZIP			
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'BAR, GAYLE	NAME	<i>Andrea Thomas</i>		
STREET ADDRESS	520 E CAMPUS CIR	STREET ADDRESS	<i>306 Macy Street</i>		
CITY-ST-ZIP	FT LAUDERDALE, FL 33313	CITY-ST-ZIP	<i>West Palm Beach, FL 33405</i>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEARS, JOYCE	NAME			
STREET ADDRESS	11811 AVENUE OF PGA #5-3E	STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, CHRIS	NAME			
STREET ADDRESS	3609 SW 23 ST	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	CITY-ST-ZIP			
12. I 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: <i>Mary Gray Reeves</i>		Date: <i>Mar 27, 06</i>		Daytime Phone #: <i>954-593-2657</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					