FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

ISION OF CORPORATIONS

1996 DOCUMENT # N05923

(0)

THE CHURCH OF THE RESURRECTION (EPISCOPAL), MIAM I, FLORIDA

Principal Place of Business Mailing Address								7.00.00.00.00.00.00.00.00.00.00.00.00.00		*1411 \$1411			
REV DAVID R	V DAVID R SIMPSON												
11173 GRIFFING BLVD BISCAYNE PARK FL 33161				11173 GRIFFING BLVD BISCAYNE PARK FL 33161									
US				US					3. Date Incorporated or Qualified 10/30/1984		e of Last)2/20/1 !		
2. Principal Pa	ace of Busin	ess	→	. Mailing Address					4. FEI Number		-	Applied For	
21				26					59-0737864			Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required		
City & State				City & State				6. Election Campaign Financing					
23			28	٦ ´				Trust Fund Contribution	□ \$5.00 May Be Added to Fees				
Zip	•	Country		Zip		Country			8. This corporation has liability for in	tangible tax			
24		25	29		30				Florida Statutes	Yes 🔀	No		
	9. Name	and Address of Curre	nt Regis	tered Agent					10. Name and Address of New Re	gistered A	gent		
						81	1	Name					
SIMPSON, DAVID R					82			Street Addres	ress (P.O. Box Number is Not Acceptable)				
11173 GRIFFING BLVD							L						
BISCAY	NE PARK F	L 33161				83							
i						84		City		FL	85 Zip	p Code	
11 Pursuant	to the provie	ione of Sections 617 050	0 and 61	7 1609 Florida Statut	tos tha	abouo.r	220	med corporat	ion submits this statement for the purp		oging its r	enistered office	
or register	red agent, or	both, in the State of Flor	ida. Such	h change was authoriz	zed by th	ne corpo	ora	ation's board	of directors. I hereby accept the appo	ntment as i	egistered	agent. I am	
	ith, and acce	ept the obligations of, Sec	tion 617.	Ubus, Florida Statutes	S.								
SIGNATURE .	Stanature typed	or printed name of registered age:	I and title it	applicacie (NC	OTE: Regist	lered Agen	nt sk	gnature required w	vhen reinstatingi	DATE			
12.		OFFICERS AN				13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	DRS IN 12	
TITLE	D			DELETE	1	1 TITLE				C] Change	☐ Addition	
NAME	LAWRE	NCE, JOSEPH			1	2 NAMÉ							
STREET ADDRESS	641 NIG	SHTINGALE AVE			1	.3 STREET	ΑD	ORESS					
CITY - ST - ZIP	MIAMI S	SPRINGS FL			1	.4 CITY-S	67 - Z	ZIP					
THILE	D	_		DELETE	2	1 TITLE					_ Change	Addition	
NAME		K, DONALD E			2	2 NAME							
STREET ADDRESS	1 -	YPRESS AVE			2	3 STREET	AD	DRESS					
CITY-ST-ZIP	MIRAMA	UR FL		Flocuere		4 CITY - S	ST-	ZIP			70		
THILE	D	MI DAVED D		DELETE		I.1 TITLE				L.	Change	Addition	
NAME		on, david r 100 str				I.2 NAME		00503					
\$TREET ADDRESS	1	SHORES FL			B B	3 STREET							
CITY-ST-ZIP TITLE	MINAMI	NIONEO I L		□DELE1E		I.4 CITY-5 I.1 TITLE	21.	ZIP			Change	Addition	
NAME						2 NAME				b-c			
STREET ADDRESS						.3 STREET	ΙΔΠ	NORESS.					
CiTY-ST-ZIP						.4 CITY - S							
TITLE	· · · · · · · ·			DELETE		.1 TITLE					Change	☐ Addition	
NAME					5	2 NAME							
STREET ADDRESS					5	3 STAEET	ŒΑ	DRESS					
CITY - ST - ZIP				,	5	4 CITY-S	ST - 2	ZIP					
TITLE	1			DELĒTE	6	1 TITLE					Change	Addition	
NAME					6	2 NAME		İ					
STREET ADDRESS					6	3 STREET	AD	DRESS					
CITY - ST - ZIP	<u> </u>					4 CITY - S							
L certify that	at the informa	tion indicated on this and	nuai repoi	rt or supolemental and	nual repo	ort is tru	IE.	and accurate	the exemption stated in Section 119.0 and that my signature shall have the s	ame legal e	effect as it	f made under	
oath; that	t Lam an offic	cer or director of the comp or Block 13 if changed, or	oration o	or the receiver or truste	ee empo	wered !	to	execute this	report as required by Chapter 617, Flo	rida Statute	s; and the	at my name	
I abbeers ii	DOOR 12 C	. 2.300, 10 1. 019,000,00	7	y									

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/96

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