

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 25 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra G. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N05923 (0)
 1. Corporation Name
THE CHURCH OF THE RESURRECTION (EPISCOPAL), MIAM I, FLORIDA



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| Principal Place of Business REV DAVID R SIMPSON - 11173 GRIFFING BLVD BISCAYNE PARK FL 33161 US | Mailing Address REV DAVID R SIMPSON - 11173 GRIFFING BLVD BISCAYNE PARK FL 33161-7249 US |
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| 3. Date Incorporated or Qualified 10/30/1984 | 3a. Date of Last Report 01/31/1996 |
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| 2. Principal Place of Business 21 11173 Griffing Blvd Suite, Apt. #, etc. 22 # City & State 23 Biscayne Park, FL Zip 24 33161-7249 Country 25 Date US | 2a. Mailing Address 26 11173 Griffing Blvd Suite, Apt. #, etc. 27 City & State 28 11173 Griffing Blvd Zip 29 33161-7249 Country 30 # US |
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| 4. FEI Number 59-0737864 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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9. Name and Address of Current Registered Agent
**SIMPSON, DAVID R
 11173 GRIFFING BLVD
 BISCAYNE PARK FL 33161**

10. Name and Address of New Registered Agent
81 Name Rev Michael F. Gray
82 Street Address (P.O. Box Number is Not Acceptable) 11173 Griffing Blvd
83
84 City Biscayne Park FL **85 Zip Code 33161-7249**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--------------------------------|
| TITLE D | LAWRENCE, JOSEPH | 1.1 TITLE D | Daryman, June |
| NAME | 641 NIGHTINGALE AVE | 1.2 NAME | 11315 NE 9 Ct |
| STREET ADDRESS | MIAMI SPRINGS FL | 1.3 STREET ADDRESS | Biscayne Park, FL 33161 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE D | HUDOCK, DONALD E | 2.1 TITLE D | Rhodes, Gordon |
| NAME | 2731 CYPRESS AVE | 2.2 NAME | 1062 NE 82 Terr |
| STREET ADDRESS | MIRAMAR FL | 2.3 STREET ADDRESS | Miami, FL 33138-4136 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE D | SIMPSON, DAVID R | 3.1 TITLE D | Gray, Michael F. |
| NAME | 456 NE 100 STR | 3.2 NAME | 456 NE 100 St |
| STREET ADDRESS | MIAMI SHORES FL | 3.3 STREET ADDRESS | Miami Shores, FL 33138 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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 on an attachment with an address.

SIGNATURE: *[Signature]* **6/4/97 (305) 893-8523**

CR2E037 (9/96)