

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90001 010 \*\*\*\*61.25

**DOCUMENT # N05923**

1. Entity Name

**THE CHURCH OF THE RESURRECTION (EPISCOPAL), MIAM**

*R*

Principal Place of Business

Mailing Address

11173 GRIFFING BLVD  
 11173 GRIFFING BLVD  
 BISCAYNE PARK FL 33161-7249  
 US

11173 GRIFFING BLVD  
 11173 GRIFFING BLVD  
 BISCAYNE PARK FL 33161-7249  
 US

2. Principal Place of Business

3. Mailing Address

**11173 GRIFFING Blvd.**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BISCAYNE PARK, FL**

City & State

**SAME**

4. FEI Number

**59-0737864**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, MICHAEL F**  
**11173 GRIFFING BLVD**  
**BISCAYNE PARK FL 33161**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRIS, BARBARA</b>	
STREET ADDRESS	<b>7118 LAUREL LANE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURKE, LESTER</b>	
STREET ADDRESS	<b>8380 N MISSION WOOD CIRCLE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRAY, MICHAEL F</b>	
STREET ADDRESS	<b>456 NE 100 ST</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>GEOFFREY ROBINSON, SWARDEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>764 NE 111 ST</b>	
STREET ADDRESS	<b>BISCAYNE PARK, FL 33161</b>	
CITY-ST-ZIP		
TITLE	<b>BRIAN ALLEN, JR WARDEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>455 NE 62 ST, #4</b>	
STREET ADDRESS	<b>MIAMI, FL 33138</b>	
CITY-ST-ZIP		
TITLE	<b>MICHAEL F. GRAY, RECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>456 NE 100 ST</b>	
STREET ADDRESS	<b>MIAMI SHORES, FL 33138</b>	
CITY-ST-ZIP		
TITLE	<b>HORACIO CORDERO, CLK OF VESTRY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3700 NW 62 AVE #102</b>	
STREET ADDRESS	<b>VIRGINIA GARDENS, FL 33166</b>	
CITY-ST-ZIP		
TITLE	<b>JUNE DARYMAN, TREAS.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>11315 NE 9 COURT</b>	
STREET ADDRESS	<b>BISCAYNE PARK, FL 33161</b>	
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 like empowered.

**SIGNATURE:** SIGNATURE REQUIRED *Michael F. Gray* **7/1/00** **305 893-8523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)