

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0025646

DOCUMENT # N05923

1. Entity Name

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

03-05-2002 90135 005 ****61.25

Principal Place of Business 11173 GRIFFING BLVD BISCAYNE PARK FL 33161-7249 US	Mailing Address 11173 GRIFFING BLVD BISCAYNE PARK FL 33161-7249 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0737864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Note: Mr Gray moved to a church in Virginia 12/31/01 - there we are now searching for a new pastor

7. Name and Address of New Registered Agent

Name **ROBERT BURGESS**

Street Address (P.O. Box Number is Not Acceptable)
468 NE 100 ST

MIAMI SHORES, FL

City **MIAMI SHORES, FL** Zip Code **33138**

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 *Robert Burgess* DATE **2/17/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	D ROBINSON, GEOFFREY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	764 NE 111 ST	
CITY-ST-ZIP	BISCAYNE FL 33161	
TITLE NAME	D FLOYD, CHARLOTTE	<input type="checkbox"/> Delete
STREET ADDRESS	16475 NE 52 AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE NAME	D DARYMAN, JUNE	<input type="checkbox"/> Delete
STREET ADDRESS	11315 NE 9 CT	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SR. WARDEN ROBERT BURGESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	468 NE 100 ST	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE NAME	JA. WARDEN MICHAEL WALKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	707 NE 112 ST.	
CITY-ST-ZIP	BISCAYNE PARK, FL 33161	
TITLE NAME	ASST. TREASURER BARBARA HARRIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7118 LAUREL LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert Burgess* DATE **2/17/02** (305) **893-8523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)