

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90217 037 ****61.25

DOCUMENT # N05923

1. Entity Name
THE CHURCH OF THE RESURRECTION (EPISCOPAL), MIAMI, FLORIDA



Principal Place of Business
**11173 GRIFFING BLVD
BISCAYNE PARK FL 33161-7249
US**

Mailing Address
**11173 GRIFFING BLVD
BISCAYNE PARK FL 33161-7249
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DADE

4. FEI Number **59-0737864**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURGESS, ROBERT
468 NE 100 STREET
MIAMI SHORES FL 33138**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

April 8, 2003
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **FLOYD, CHARLOTTE**
STREET ADDRESS **16475 NE 52 AVE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE ☐ Change ☐ Addition
NAME **JUNIOR WARDEN**
STREET ADDRESS **Charlotte Floyd**
CITY-ST-ZIP **16475 NE 52 AVE**
N. MIAMI BEACH, FL 33160

TITLE ☐ Delete
NAME **DARYMAN, JUNE**
STREET ADDRESS **11315 NE 9 CT**
CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE ☐ Change ☐ Addition
NAME **ASST. TREASURER**
STREET ADDRESS **JUNE DARYMAN**
CITY-ST-ZIP **11315 NE 9 COURT**
BISCAYNE PARK, FL 33161

TITLE ☐ Delete
NAME **BURGESS, ROBERT**
STREET ADDRESS **468 NE 100 STREET**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **WALKER, MICHAEL**
STREET ADDRESS **707 NE 112 STREET**
CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **HARRIS, BARBARA**
STREET ADDRESS **7118 LAUREL LANE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **BARBARA HARRIS**
CITY-ST-ZIP **7118 LAUREL LANE**
MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert Burgess
REQUIRED

April 8, 2003

CR2E037 (10/02)