2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N07000002826

Entity Name: THEODORE R. GIBSON CHAPTER, UNION OF BLACK EPISCOPALIANS, INC.

Current Principal Place of Business:

251 NE 174TH ST
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

251 NE 174TH ST
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 06-1811989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, KATHLEEN D
251 NE 174TH ST
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALKER, KATHLEEN D
Address: 251 NE 174TH ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VP ( ) Delete
Name: OUTLER, GAY F
Address: 2700 SW 46 AVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: S ( ) Delete
Name: WHITE, DAVID
Address: 3523 MARLER AVE
City-St-Zip: MIAMI, FL 33133

Title: TREA ( ) Delete
Name: DEAN, CUPIDINE
Address: 2330 NW 96 ST
City-St-Zip: MIAMI, FL 33147

Title: CHAP (X) Delete
Name: GIBSON, WELLINGTON
Address: 15601 NW 27TH AVE
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN D. WALKER PRES 05/05/2009

Electronic Signature of Signing Officer or Director — Date