


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90103 012 ****61.25

DOCUMENT # N10329					
1. Entity Name ST. JOHN'S EPISCOPAL CHURCH, INC.					
Principal Place of Business 145 NE 10TH STREET HOMESTEAD, FL 33030			Mailing Address 145 NE 10TH STREET HOMESTEAD, FL 33030		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0966404	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STANTON, FRED R HON 525 N.E. 15 STREET MIAMI, FL 33132			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 Stanton, Fred R. Hon.			1-7-05		
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SRW	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, EVELYN		NAME		
STREET ADDRESS	464 NW 23 ST.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	JRW	<input checked="" type="checkbox"/> Delete	TITLE	JRW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEXTER, PAUL		NAME	Helms, Daniel	
STREET ADDRESS	11200 NE 1ST TERRACE		STREET ADDRESS	27501 SW 166 Ave.	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Homestead, FL 33031	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RAUL		NAME		
STREET ADDRESS	20780 SW 129 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JUDY		NAME		
STREET ADDRESS	1453 NW 20 ST		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, HELEN		NAME		
STREET ADDRESS	9730 SW 140 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, GALE		NAME	Willis, Mary Ann	
STREET ADDRESS	16451 SW 293 ST.		STREET ADDRESS	24375 SW 162 Ave.	
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP	Homestead, FL 33031	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Evelyn G. Moss</i>			1-11-05		305-367-3232
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					