


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90002 049 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

90002



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-0966404**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANTON, FRED R HON  
 525 N.E. 15 STREET  
 MIAMI, FL 33132**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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

TITLE	SRW	<input checked="" type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	464 NW 23 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	JRW	<input type="checkbox"/> Delete
NAME	HELMS, DANIEL	
STREET ADDRESS	27501 SW 166 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, RAUL	
STREET ADDRESS	20780 SW 129 PLACE	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERGUSON, JUDY	
STREET ADDRESS	1453 NW 20 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARR, HELEN	
STREET ADDRESS	9730 SW 140 ST.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	C	<input type="checkbox"/> Delete
NAME	WILLIS, MARY ANN	
STREET ADDRESS	24375 SW 162 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33031	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SRW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hepburn, Drexel	
STREET ADDRESS	26205 SW 128 Ct. Homestead,	
CITY-ST-ZIP	FL 33032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schnebly, Peter	
STREET ADDRESS	19220 SW 280 St., Homestead,	
CITY-ST-ZIP	FL 33031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doane, James	
STREET ADDRESS	29450 Louisiana Rd. Homestead, FL	
CITY-ST-ZIP	33035	
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 exemptions contained 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 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:** \_\_\_\_\_ **02-24-06** **305-258-1932**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #