


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N10329 1. Entity Name ST. JOHN'S EPISCOPAL CHURCH, INC.	
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Principal Place of Business 145 NE 10TH STREET HOMESTEAD, FL 33030	Mailing Address 145 NE 10TH STREET HOMESTEAD, FL 33030
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0966404	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRW HEPBURN, DREXEL 26205 SW 128 CT HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRW HELMS, DANIEL 27501 SW 166 AVE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEBLY, PETER 19220 SW 280 ST HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERGUSON, JUDY 1453 NW 20 ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOANE, JAMES 29450 LOUISIANA RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIS, MARY ANN 24375 SW 162 AVE HOMESTEAD, FL 33031

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U00000596224
 01/23/07-80070-013 70.00

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: *Drexel A HEBURN* 01-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #