


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90043 036 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4001-1-1



01042008 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent
STANTON, FRED R HON
525 N.E. 15 STREET
MIAMI, FL 33132

4. FEI Number
59-0968404

Applied For
 Not Applicable

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

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, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP | SRW HEPBURN, DREXEL 26205 SW 128 CT HOMESTEAD, FL 33032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JRW HELMS, DANIEL 27501 SW 166 AVE HOMESTEAD, FL 33031 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Larry Bladel 1641 S.E. 23 St. Homestead FL 33035 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHNEBLY, PETER 19220 SW 280 ST HOMESTEAD, FL 33031 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FERGUSON, JUDY 1453 NW 20 ST HOMESTEAD, FL 33030 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOANE, JAMES 29450 LOUISIANA RD HOMESTEAD, FL 33035 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Townsend, Winston 18630 SW 253 St. Homestead FL 33031 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C WILLIS, MARY ANN 24375 SW 162 AVE HOMESTEAD, FL 33031 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C Salinas, Jorge 27335 SW 167 Ave. Homestead FL 33031 |

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: *Joseph A. H. ...* **2-29-08 (305) 258-1432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #