


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90085 042 \*\*\*\*\*70.00

<b>DOCUMENT # N29321</b> 1. Entity Name <b>ST. KEVIN'S EPISCOPAL CHURCH</b>						
Principal Place of Business <b>3280 NW 135TH STREET P.O. BOX 540676, C/O CYRIL WHITE OPA LOCKA, FL 33054-1812 US</b>			Mailing Address <b>PO BOX 540676 P.O. BOX 540676, C/O CYRIL WHITE OPA LOCKA, FL 33054-1812 US</b>			
2. Principal Place of Business <b>3280 NW 135 Street.</b>		3. Mailing Address <b>P.O. Box 540676</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State <b>OPA-LOCKA, FLORIDA.</b>		City & State <b>OPA-LOCKA, FLORIDA.</b>		4. FEI Number <b>23-7278393</b>		
Zip <b>33054</b>		Country <b>USA.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MACK, FOSTER 1360 NW 133 STREET MIAMI, FL 33168</b>		7. Name and Address of New Registered Agent Name <b>REV. DERRICK MARTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7904 NW 2 STREET</b> City <b>PLANTATION</b> <b>FL</b> Zip Code <b>33324</b>				
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 <b>DERRICK A. MARTIN</b> <span style="float: right;">2-29-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing / Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE P NAME MACK, FOSTER STREET ADDRESS 1360 NW133 STREET CITY-ST-ZIP MIAMI, FL 33168	<input checked="" type="checkbox"/> Delete			TITLE P NAME SINGAL, MARTHA STREET ADDRESS 3076 NW 95TH TERR. CITY-ST-ZIP MIAMI, FL 33147.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WILLIAM, SHIRLEY STREET ADDRESS 820 NW 200 TERRACE CITY-ST-ZIP MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete			TITLE VD NAME PRINCE, SYDNEY STREET ADDRESS 1431 NW 175 TERR. CITY-ST-ZIP MIAMI, FL 33169.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ARUGU, ENANTO STREET ADDRESS 1110 NW 201ST ST CITY-ST-ZIP MIAMI, FL 33169	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME JMCBARNETTE, HILLARY STREET ADDRESS 14500 NW 13 AVE. CITY-ST-ZIP MIAMI, FL 33167	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BARZEY, WILLIAM STREET ADDRESS 2970 NW 175 STREET CITY-ST-ZIP MIAMI, FL 33056	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME SINGAL, MARTHA STREET ADDRESS 3076 NW 95TH TERR CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete			TITLE D NAME COOKE, SYLVIA STREET ADDRESS 18570 NW 21 AVENUE. CITY-ST-ZIP MIAMI, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>DERRICK A. MARTIN</b> <span style="float: right;">2-29-04 (309) 688-8517</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						