

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 007 ****70.00

DOCUMENT # N29321 1. Entity Name ST. KEVIN'S EPISCOPAL CHURCH					
Principal Place of Business 3280 NW 135TH STREET OPA LOCKA, FL 33054-1812 US				Mailing Address POST OFFICE BOX 540668 OPA LOCKA, FL 33054-1812 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 540668			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OPA LOCKA FL		4. FEI Number 23-7278393	
Zip		Country 33054 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGAL, MARTHA 3076 NW 95TH TERRACE MIAMI, FL 33147				7. Name and Address of New Registered Agent Name FOSTER MACK Street Address (P.O. Box Number is Not Acceptable) 1360 NW 133 St. City MIAMI FL Zip Code 33167	
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: Foster Mack, Sr. Warden <i>[Signature]</i> 3/11/07 <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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P SINGAL, MARTHA 3076 NW 95TH TERR MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, FOSTER 1360 NW 133 Street MIAMI FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMUEL, LEONARD 1256 JANN AVENUE OPA LOCKA, FL 33054	<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 CHERRINGTON, MARION 1570 NE 161 STREET NORTH MIAMI BEACH, FL 33162	<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	S BRAMBLE, BEVERLY 20130 NW 13TH COURT MIAMI, FL 33169	<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 WILLIAMS, ELSIE 5441 NW 174TH DRIVE MIAMI, FL 33055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARZEY, ORENCIA 2970 NW 175 Street Miami FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MAVIS 3050 NW 157TH STREET OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> Marion Cherrington 3/22/07 305-38-3241 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03072007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7278393

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

7. Name and Address of New Registered Agent
Name
FOSTER MACK
Street Address (P.O. Box Number is Not Acceptable)
1360 NW 133 St.
City MIAMI FL Zip Code 33167

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