

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29321

FILED
May 15, 2009
Secretary of State

Entity Name: ST. KEVIN'S EPISCOPAL CHURCH

Current Principal Place of Business:

3280 NW 135TH STREET
OPA LOCKA, FL 330541812 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540668
OPA LOCKA, FL 330541812 US

New Mailing Address:

FEI Number: 23-7278393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACK, FOSTER
1360 NE 133RD ST
MIAMI, FL 33167 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARZEY, ORENCIA D
Address: 5951 NW 28TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: VD () Delete
Name: SAMUEL, LEONARD
Address: 1256 JANN AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: BRAXTON, GERRI
Address: 14841 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: NORTHERN, JAMES JR
Address: 1907 NW 2ND COURT
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: BARZEY, ORENCIA
Address: 2970 NW 175STREET
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: WILLIAMS, SHIRLEY
Address: 820 NW 200 TERRACE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FOSTER MACK

SR.W

05/15/2009

Electronic Signature of Signing Officer or Director

Date