

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N49299 (3)**  
 1. Corporation Name  
**ST. MATTHEW THE APOSTLE EPISCOPAL CHURCH, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>7410 SUNSET DRIVE<br/>MIAMI FL 33143</b> | Mailing Address<br><b>7410 SUNSET DR<br/>MIAMI FL 33143<br/>US</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/09/1992</b>  |  |
| 4. FEI Number<br><b>59-1463601</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>no liability</b> |  |

|                                |                      |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address  |
| 21 Suite, Apt #, etc           | 26 Suite, Apt #, etc |
| 22 City & State                | 27 City & State      |
| 23 Zip                         | 28 Zip               |
| 24 Country                     | 29 Country           |
| 25                             | 30                   |

9. Name and Address of Current Registered Agent  
**REID, RAYMOND W., JR.  
 7410 SUNSET DRIVE  
 MIAMI FL 33143**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| B1 Name   |             |
| B2 Street Address (P.O. Box Number is Not Acceptable) |             |
| B3  |             |
| B4 City   | B5 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and firm if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | REID, RAYMOND W JR.     |  |
| STREET ADDRESS | 9011 SW 68 TERR.        |  |
| CITY-ST-ZIP    | MIAMI FL 33173          |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | MCGHEE, JIM S           |  |
| STREET ADDRESS | 7750 S W 144TH ST       |  |
| CITY-ST-ZIP    | MIAMI FL                |  |
| TITLE          | T                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | BOOTH, HOWARD           |  |
| STREET ADDRESS | 15400 PALMETTO LAKES DR |  |
| CITY-ST-ZIP    | MIAMI FL                |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | BRIET, CHUCK            |  |
| STREET ADDRESS | 6780 S W 19TH ST        |  |
| CITY-ST-ZIP    | MIAMI FL                |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | HUSTON, TOM             |  |
| STREET ADDRESS | 1001 MANATI AVENUE      |  |
| CITY-ST-ZIP    | CORAL GABLES FL         |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tom Huston* 4-14-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

**ADDITIONAL OFFICERS AND DIRECTORS:**

**D**

**BENNETT, LEE  
426 SANTANDER, #11  
CORAL GABLES, FL 33134**

**D**

**CARTER, ROBERT  
1724 SW 100 AVENUE  
MIAMI, FL 33165**

**D**

**COPELAND, ERIC  
737 CAMILO AVENUE  
CORAL GABLES, FL 33134**

**D**

**GISPERT, JOSE  
7501 SW 138 COURT  
MIAMI, FL 33183**

**S**

**LIEBLER, ROBERT  
6510 SW 93 AVENUE  
MIAMI, FL 33173**

**D**

**MISSICK, MARY  
15482 SW 146 STREET  
MIAMI, FL 33196**

**D**

**SHAFFER, KEN  
13361 SW 47 STREET  
MIAMI, FL 33175**