

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

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

03-15-2004 90048 004 \*\*\*\*61.25



**DOCUMENT # N49299**

1. Entity Name

ST. MATTHEW THE APOSTLE EPISCOPAL CHURCH, INC.

Principal Place of Business

7410 SUNSET DRIVE  
MIAMI FL 33143

Mailing Address

7410 SUNSET DR  
MIAMI FL 33143  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1463601

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REID, RAYMOND W., JR.  
7410 SUNSET DRIVE  
MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REID, JR., RAYMOND REV.	
STREET ADDRESS	9011 SW 68 TERR.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREIT, CHUCK	
STREET ADDRESS	6780 SW 19 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOSECK, NED	
STREET ADDRESS	4800 NW 102 AVE., #101	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, BETH	
STREET ADDRESS	15871 SW 104 TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNROE, ERIC	
STREET ADDRESS	11812 SW 273 LANE	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERSONS, ROGER	
STREET ADDRESS	9755 SW 76 STREET	
CITY-ST-ZIP	MIAMI FL 33173	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSTON, TOM	
STREET ADDRESS	1001 MANATI AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACCHIARELLA, ALICE	
STREET ADDRESS	8333 SW 144 COURT	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REESE, VERNON	
STREET ADDRESS	8101 SW 72 AVE, #204-W	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIALES, JOSE	
STREET ADDRESS	1900 SW 82 COURT	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANKLIN, RAY	
STREET ADDRESS	9821 SW 132 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, EMILIE	
STREET ADDRESS	9013 SW 62 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33173	

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 March 2004

Date

305-665-7333

Daytime Phone #