

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90069 031 ****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**

50027570



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1463601

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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** ☐ Delete
NAME **REID, JR., RAYMOND W. REV.**
STREET ADDRESS **9011 SW 68 TERR.**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **D** ☒ Delete
NAME **BREIT, CHUCK**
STREET ADDRESS **6780 SW 19 STREET**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☐ Delete
NAME **HUSTON, TOM**
STREET ADDRESS **1001 MANATI AVE.**
CITY-ST-ZIP **MIAMI, FL 33146**

TITLE **D** ☐ Delete
NAME **MACCHIARELLA, ALICE**
STREET ADDRESS **8333 SW 144 COURT**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** ☐ Delete
NAME **REESE, VERNON**
STREET ADDRESS **8101 SW 72 AVE., #204-W**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D** ☐ 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** ☐ Change ☒ Addition
NAME **Carrillo, Omar**
STREET ADDRESS **6551 Manor Lane** **Miami, FL 33143**

TITLE **D** ☐ Change ☒ Addition
NAME **Rosen, Mark**
STREET ADDRESS **8900 SW 115 Terrace**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** ☐ Change ☒ Addition
NAME **Shanklin, Ray**
STREET ADDRESS **9821 SW 132 Terrace**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** ☐ Change ☒ Addition
NAME **Shanklin, Stuart**
STREET ADDRESS **2315 SW 183 Terrace**
CITY-ST-ZIP **Miramar, FL 33029**

TITLE **D** ☐ Change ☒ Addition
NAME **Young, Emilie**
STREET ADDRESS **9013 SW 62 Terrace**
CITY-ST-ZIP **Miami, FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Raymond Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 March 2005 305-665-7333
Date Daytime Phone #