2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

DOCUMENT # N49299 1. Entity Name ST. MATTHEW THE APOSTLE EPISCOPAL CHURCH, INC.					03-21-2006 90024 026 ****61.25		
7410 SUNSET DRIVE 7410		Mailing Address 7410 SUNSET DR MIAMI, FL 33143 US	7410 SUNSET DR		,		
							
Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address			4 Libh 6 31 6 31 6 41 6 41 6 41 6 41 6 41 6 41 6 41 6 41 6 41 6 41 6 41 6 41 6 41 6 41 6 41	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-NP CR2	E037 (11/05)	
City & State		City & State	City & State			Applied For Not Applicable	
Zip	Country	Zíp	Country	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and A	dress of New Register	ed Agent	
REID, RAY	YMOND W., JR.				D. Shanklin		
7410 SUN MIAMI, FL	SET DRIVE			Street Address (P.O. Box Number is Not Acceptable) 7410 Sunset Drive			
IVII/AIVII, I L	. 55145						
			City N	Miami	ı	FL Zip Code 33143	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or re	egistered agent, or both,	in the State of Florida. I		
the obligat	tions of registered agent.	///					
	Jay & Skir	skhi			3/13/	06	
SIGNATURE .							
SIGNATURE.	Signature typed or printed name of registered agent	t and this if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DA	TE	
SIGNATURE	Signatury/yead or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	_ \$5.00 May Be	Make ch	neck payable to partment of State	
10.	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make ch	neck payable to partment of State D DIRECTORS IN 10	
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Intereoy certify that the information supplied with this filling does not quality 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.

GNATURE:

3 13 06 305-665-7333

SIGNATURE:

305-665-7333 Daytime Prone #