

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

1995 7-10-95

B-7736-AC

FILED

95 JUL 10 AM 9:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N92000000501 (8)

1. Corporation Name

THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 15260 N.W. 19TH AVE. 15260 N.W. 19TH AVE.
 OPA LOCKA FL 33054 OPA LOCKA FL 33054

3. Date Incorporated or Qualified 11/30/1992 3a. Date of Last Report 04/20/1994
 4. FEI Number 65-0023556 Applied For Not Applicable

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 25 Country 29 Country 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SIMS, GWENDOLYN T
3970 N.W. 188 STREET
OPA-LOCKA FL 33055-2744

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 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 *Gwendolyn T. Sims*
Signature, typed or printed name of registered agent and fee if applicable.

7/3/95
DATE

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMONS, ANTHONY E
STREET ADDRESS	P. O. BOX 3531 N/A
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MILLER, THEODORE
STREET ADDRESS	20514 NW 22 PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	SIMS, GWENDOLYN
STREET ADDRESS	3970 NW 188 ST.
CITY - ST - ZIP	OPA LOCKA FL 33055
TITLE	TD
NAME	HARRISON, ALICE D
STREET ADDRESS	1891 WILMINGTON ST.
CITY - ST - ZIP	OPA LOCKA FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clausell, James	
1.3 STREET ADDRESS	3520 N.W. 205 Street	
1.4 CITY - ST - ZIP	OPA Locka, Florida 33055	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bethel, Lloyd Sr.	
2.3 STREET ADDRESS	15730 N.W. 20 Avenue Road	
2.4 CITY - ST - ZIP	OPA Locka, Florida 33054	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Gwendolyn T. Sims*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/95 (305) 585-7044
Date (optional phone #)

CR2E037 (3/95)