

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N92000000501 (8)**

1. Corporation Name
THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC



Principal Place of Business: 15260 N.W. 19TH AVE. OPA LOCKA FL 33064
Mailing Address: 15260 N.W. 19TH AVE. OPA LOCKA FL 33064

3. Date incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 07/10/1995
4. FEI Number: 65-0023556
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
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 617.1506, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLAUSELL, JAMES
STREET ADDRESS	3520 N.W. 205 STREET
CITY - ST - ZIP	OPA LOCKA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BETHEL, LLOYD SR.
STREET ADDRESS	15730 N.W. 20 AVENUE ROAD
CITY - ST - ZIP	OPA LOCKA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SIMS, GWENDOLYN
STREET ADDRESS	3970 NW 188 ST.
CITY - ST - ZIP	OPA LOCKA FL 33055
TITLE	TD <input type="checkbox"/> DELETE
NAME	HARRISON, ALICE D
STREET ADDRESS	1891 WILMINGTON ST.
CITY - ST - ZIP	OPA LOCKA FL 33054
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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	Sims, Gwendolyn
1.3 STREET ADDRESS	3970 NW 188 ST
1.4 CITY - ST - ZIP	OPA Locka, FL 33055
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sadie Williams
2.3 STREET ADDRESS	19800 NW. 40 Ave
2.4 CITY - ST - ZIP	Miami, FL 33055
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anthony Simons
3.3 STREET ADDRESS	14121 NW 23 PL.
3.4 CITY - ST - ZIP	OPA Locka, FL 33054
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 119.07(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 Sims 1/31/96 (305) 621-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)