


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33054  
Mailing Address: 15260 N.W. 19TH AVE. OPA LOCKA FL 33054-2960

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/30/1992		02/07/1996	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0023556		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
24		29		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		<input type="checkbox"/>		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No			
33054		USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMS, GWENDOLYN T 3970 N.W. 188 STREET OPA-LOCKA FL 33055-2744				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, GWENDOLYN	1.2 NAME	Rev. Barbara Baptiste-Williams
STREET ADDRESS	3970 NW 188 STREET	1.3 STREET ADDRESS	6041 S.W. 63 CT.
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	JUNIOR Warden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, SADIE	2.2 NAME	Vernon Clarke
STREET ADDRESS	19800 NW 40 AVENUE	2.3 STREET ADDRESS	4601 N.W. 159 ST.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33054
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SIMS, GWENDOLYN	3.2 NAME	
STREET ADDRESS	3970 NW 188 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33055	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HARRISON, ALICE D	4.2 NAME	
STREET ADDRESS	1891 WILMINGTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	SIMONS, ANTHONY	5.2 NAME	
STREET ADDRESS	14121 NW 23 PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 (Gwendolyn Sims) 2/6/97 (805) 621-9330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024920

CR2E037 (9/96)