FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9200000501

1. Corporation Name

THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC

| Principal Place of Busine |
|---------------------------|
| 15260 N.W. 19TH AVE. |
| OPA LOCKA FL 33054 |

2. Principal Place of Business

Mailing Address P.O. BOX 272 OPA LOCKA FL 33054 US

2a. Mailing Address

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90151 039 ****70.00

| 1 188052 - 90131 - 7- | |
|---------------------------|--|
| | |

3. Date incorporated or Qualifed

| 21 | | 26 | | | 1 1/30/ 1882 | | | |
|----------------------|-----------------------------------------------------|----------------------------------------------------------------------|---------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|--------------|
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | 4. FEI Number | | Ар | plied For | |
| 22 | | 27 | | 65-0023556 | | No | t Applicable | |
| City & Sta | te | City & State | | E Outlier of But a Bustant | | \$8.75 | Additional | |
| 23 | | 28 | | 5 Certifcate of Status Desired | X | Fee Re | equired | |
| Zip | Country | Zip Country | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 24 | 25 | 29 30 | | | Trust Fund Contribution | | Added to Fees | |
| | 9. Name and Address of Current | t Registered Agent | ' | | 10. Name and Address of New R | egistered A | Agent | |
| | | | 81 | Name | 7, | | | |
| SIMS C | MENDOLVILT | | - | | (0.0 D. N | .h.l | | |
| SIMS, GWENDOLYN T | | | 82 | Street Add | iress (P.O. Box Number is Not Accepta | iDie) | | |
| 3970 N.W. 188 STREET | | | 83 | | | | | |
| OPA-LO | OPA-LOCKA FL 33055-2744 | | | | | | | |
| | | | 84 | City | | FL | 85 Zip (| Code |
| | | | | | The National Control of the Control | | | |
| 11. Pursuant | t to the provisions of Sections 617.0502 | 2 and 617.1508, Florida Statutes of Florida, Such change was autl | , the above horized by | e-named con the comorat | poration submits this statement for the ion's board of directors, I hereby accept | purpose or of the appoir | cnanging its ntment as re | registered |
| agent. I | am familiar with, and accept the obligat | tions of, Section 617.0503, Florid | la Statutes | | , | • • • • • • | | - |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agen | | | t signature requir | ad when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO | DC IN 12 |
| 12. | OFFICERS AN | | 13. | | | | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | Vice President | | Change | X Addition |
| NAME | SIMS, GWENDOLYN | | 1.2 NAME | | Faylor, Alphonso | | | |
| STREET ADORESS | | | 1.3 STREET | | 17320 NW 22 Avenu | e | | |
| CITY-ST-ZIP | OPA LOCKA FL | | 1,4 CITY-S | r-ZIP [| <u> Miami, Fl. 33056</u> | | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | | | Change | Addition |
| NAME | EVANS, GLORIA | | 2.2 NAME | | | | | |
| STREET ADDRESS | 14500 MAHOGANY CT | | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | | 2. 4 CITY-S | T-ZIP | | | | |
| TITLE | VPD | ☐ DELETE | 3.1 TITLE | | | | Change | - 🖸 Addition |
| NAME | CLARKE, VERNON | | 3.2 NAME | | | | | |
| STREET ADORESS | ACCA BRAL AND OT | | 3.3 STREET | ADDRESS | | | | |
| | OPA LOCKA FL 33054 | | 3.4. CITY-S | | | | | |
| CITY-ST-ZIP T/TLE | TD | X) delete | 4.1 TITLE | 1-21 | | | Change | Addition |
| | HARRISON, ALICE D | #10 0 mm = 1 m | 4. 2 NAME | | | | | _ |
| NAME | 4004 MILLINIOTON OT | | | | | | | |
| STREET ADDRESS | _ | | 1 | ADDRESS | | | | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | D BCI CTT | 4.4 CITY-S | T-ZIP | | | [] Change | Addition |
| TITLE | P | ☐ DELETÉ | 5.1 TITLE | | | | change | ☐ Addition |
| NAME | REV BARBARA BAPTISTE WILL | JAMS | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | 1 | | | | |
| STREET ADDRESS | ها | | 6.3 STREET | ADDRESS | | | | |

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS