

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 24, 2000 8:00 am
Secretary of State

02-19-2000 90025 004 ****70.00

DOCUMENT # N92000000501
 1. Entity Name
THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC

Principal Place of Business 15260 N.W. 19TH AVE. OPA LOCKA FL 33054	Mailing Address P.O. BOX 272 OPA LOCKA FL 33054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0804056 65-0023556 ERROR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 SIMS, GWENDOLYN T
 3970 N.W. 188 STREET
 OPA-LOCKA FL 33055-2744

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, ALPHONSO 17320 NW 22 AVE MIAMI FL 33056 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, GLORIA 14500 MAHOGANY CT MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARKE, VERNON 4601 NW 159 ST OPA LOCKA FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, ALICE D 1891 WILMINGTON ST. OPA LOCKA FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REV BARBARA BAPTISTE WILLIAMS 6041 S.W. 63 CT. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Clausell, James 3520 NW 205 Street Opa Locka, FL 33055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sands, Sylvia 981 S. Hillcrest Ct. Apt. 110 Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Clarke, Vernon 15961 SW 8 Street Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Sims, Gwendolyn 3970 NW 188 Street Opa Locka, FL 33055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: *Gwendolyn Sims* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00 (305) 621-9330
 Date Daytime Phone #

CR2E037 (9/99)