

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90304 010 ****70.00

0091493

DOCUMENT # N92000000501

1. Entity Name

THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC

Principal Place of Business

Mailing Address

15260 N.W. 19TH AVE.
 OPA LOCKA FL 33054

P.O. BOX 272
 OPA LOCKA FL 33054
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0804056

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, GWENDOLYN T
3970 N.W. 188 STREET
OPA-LOCKA FL 33055-2744

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VPD** Delete
 NAME: **CLAUSELL, JAMES**
 STREET ADDRESS: **3520 NW 205 ST**
 CITY-ST-ZIP: **OPA LOCKA FL 33055**

TITLE: **SD** Change Addition
 NAME: **GLORIA DENNIS**
 STREET ADDRESS: **16311 NW 19 Court**
 CITY-ST-ZIP: **Opa Locka, FL 33054**

TITLE: **SD** Delete
 NAME: **SANDS, SYLVIA**
 STREET ADDRESS: **981 S HILLCREST CT APT 110**
 CITY-ST-ZIP: **HOLLYWOOD FL 33021**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **TD** Delete
 NAME: **CLARKE, VERNON**
 STREET ADDRESS: **15961 SW 8 ST**
 CITY-ST-ZIP: **PEMBROKE PINES FL 33027**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VPD** Delete
 NAME: **SIMS, GWENDOLYN**
 STREET ADDRESS: **13970 NW 188 ST**
 CITY-ST-ZIP: **OPA LOCKA FL 33055**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **P** Delete
 NAME: **REV BARBARA BAPTISTE WILLIAMS**
 STREET ADDRESS: **6041 S.W. 63 CT.**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/01

Date

(305) 621-9330

Daytime Phone #

CR2E037 (10/00)