

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90671 003 ****70.00

DOCUMENT # N92000000501

1. Entity Name

THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC.



Principal Place of Business

15260 NW 19TH AVENUE
 OPA LOCKA FL 33054

Mailing Address

P.O. BOX 272
 OPA LOCKA FL 33054
 US



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0804056

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIMONS, ANTHONY E	
STREET ADDRESS	3309 SOUTH TURK ROAD	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARMBRISTER, ANTHONY	
STREET ADDRESS	17774 SW 12 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIMS, GWENDOLYN	
STREET ADDRESS	13970 NW 188 ST	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	P	<input type="checkbox"/> Delete
NAME	REV BARBARA BAPTISTE WILLIAMS	
STREET ADDRESS	6041 S.W. 63 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ARMBRISTER, JUANITA	
STREET ADDRESS	17774 SW 12 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, LILLIE M	
STREET ADDRESS	2501 NW 152 STREET	
CITY-ST-ZIP	OPA LOCKA FL 33054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evans, William	
STREET ADDRESS	14500 Mahogany Court	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharpe, Shantay	
STREET ADDRESS	1205 Peri Street	
CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKoy, Clara	
STREET ADDRESS	4000 NW 185 Street	
CITY-ST-ZIP	Miami Gardens, FL 33055	

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 T. Sims
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 (Date) (305) 621-9330 (Daytime Phone #)