


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90138 008 ****70.00

DOCUMENT # N92000000501 1. Entity Name THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC.	
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Principal Place of Business 15260 NW 19TH AVENUE 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



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0804056	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMONS, ANTHONY E 3309 SOUTH TURK ROAD MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, WILLIAM 14500 MAHOGANY COURT MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMS, GWENDOLYN 13970 NW 188 ST OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REV BARBARA BAPTISTE WILLIAMS 6041 S.W. 63 CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARPE, SHANTEY 1205 PERI STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKOY, CLARA 4000 NW 185 STREET MIAMI GARDENS, FL 33055

**DO NOT WRITE
IN THIS SPACE**

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: <i>Gwendolyn T. Sims</i> Gwendolyn T. Sims VPD	04/26/2005	(305) 621-9330
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>