

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90408 017 ****70.00

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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**

50008498



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122006 Chg-NP CR2E037 (11/05)

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. 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

**Filing Fee is \$61.25
Due by May 1, 2006**

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** ☐ Delete
NAME **SIMONS, ANTHONY E**
STREET ADDRESS **3309 SOUTH TURK ROAD**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE **TD** ☐ Delete
NAME **EVANS, WILLIAM**
STREET ADDRESS **14500 MAHOGANY COURT**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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

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

TITLE **SD** ☐ Delete
NAME **SHARPE, SHANTEY**
STREET ADDRESS **1205 PERI STREET**
CITY-ST-ZIP **OPA LOCKA, FL 33054**

TITLE **VPD** ☒ Delete
NAME **MCKOY, CLARA**
STREET ADDRESS **4000 NW 185 STREET**
CITY-ST-ZIP **MIAMI GARDENS, FL 33055**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **CLARKE, LILLIE**
STREET ADDRESS **2501 NW 152 Street**
CITY-ST-ZIP **MIAMI GARDENS, FL 33054**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/28/06 (305) 621-9330

Date

Daytime Phone #