2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

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Entity Name: THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC.

Current Principal Place of Business:

15260 NW 19TH AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 65-0804056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, GLORIA F
14500 MAHOGANY COURT
MIAMI LAKES, FL 330142636 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SIMONS, ANTHONY E	
Address:	3309 SOUTH TURK ROAD	
City-St-Zip:	MIRAMAR, FL 33025	
Title:	TD	( ) Delete
Name:	EVANS, WILLIAM	
Address:	14500 MAHOGANY COURT	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	VPD	( ) Delete
Name:	EVANS, GLORIA F	
Address:	14500 MAHOGANY COURT	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	SD	( ) Delete
Name:	GLORIA H. CLAUSELL,	
Address:	3520 NW 205 STREET	
City-St-Zip:	MIAMI GARDENS, FL 33055	
Title:	VPD	( ) Delete
Name:	CLARKE, LILLIE	
Address:	2501 NW 152 STREET	
City-St-Zip:	MIAMI GARDENS, FL 33054	
Title:	VPD	( ) Delete
Name:	HOWARD, VILLETTA	
Address:	2920 NW 185 STREET	
City-St-Zip:	MIAMI GARDENS, FL 33055	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	MITCHELL, HAROLD	
Address:	17730 NW 18 AVENUE	
City-St-Zip:	MIAMI GARDENS, FL 33056	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA F. EVANS VPD 02/21/2008

Electronic Signature of Signing Officer or Director — Date