

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000501

FILED  
Mar 02, 2009  
Secretary of State

**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 (X)**

**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: MITCHELL, HAROLD  
Address: 17730 NW 18 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

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, VILLETIA  
Address: 2920 NW 185 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DENNIS, GLORIA  
Address: 16311 NW 19 COURT  
City-St-Zip: MIAMI GARDENS, FL 33054

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: VPD (X) Change ( ) Addition  
Name: SHARPE, SHANTAY  
Address: 1205 PERI STREET  
City-St-Zip: OPA-LOCKA, FL 33054

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

03/02/2009

Electronic Signature of Signing Officer or Director

Date