

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N92000000785 (7)
 1. Corporation Name

ALL SOULS EPISCOPAL CHURCH OF MIAMI BEACH, INC.



Principal Place of Business: **4025 PINE TREE DR. MIAMI BEACH FL 33140**
 Mailing Address: **4025 PINE TREE DR. MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **12/11/1992**
 3a. Date of Last Report: **03/13/1995**
 4. FEI Number: **59-0624350**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
 25
 2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country
 30

9. Name and Address of Current Registered Agent
HARMS, A. LOUISE
16423 FOX DEN COURT
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent
 81 Name: **Marguerite B. O'Neill**
 82 Street Address (P.O. Box Number is Not Acceptable): **5640 Collins Avenue #3A**
 83
 84 City: **Miami Beach** FL 85 Zip Code: **33140**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **MARGUERITE B. O'NEILL**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refiled)
Marguerite B. O'Neill
 Date: **6/29/96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD	<input type="checkbox"/>
NAME	HARMS, A. L.	
STREET ADDRESS	16423 FOX DEN COURT	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/>
NAME	THOMPSON, BRUCE M	
STREET ADDRESS	11 ISLAND AVE #1005 BELLE ISLE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/>
NAME	DOBSON, DEE	
STREET ADDRESS	4001 SW 5TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/>
NAME	MALTY, THE R. L.	
STREET ADDRESS	4027 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/>
NAME	O'NEILL, MARGUERITE B	
STREET ADDRESS	5640 COLLINS AVE #3A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Martha Richards		
1.3 STREET ADDRESS	3601 SW 62nd Way		
1.4 CITY-ST-ZIP	Miramar, FL 33023		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Eugene W. French Jr.		
2.3 STREET ADDRESS	1485 NE 121 St #D-413		
2.4 CITY-ST-ZIP	North Miami, FL 33161		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **L. Howard Maltby** (REQUIRED)
 Signature and typed or printed name of signing officer or director
 Date: **6/12/96**
 Daytime Phone #: **(305) 538-2244**

CR2E037 (3/96)