

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33140-3801

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 07/12/1996
4. FEI Number: 59-0624350
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

9. Name and Address of Current Registered Agent
O'NEILL, MARGUERITE B
5640 COLLINS AVE.
#3A
MIAMI BCH. FL 33140

10. Name and Address of New Registered Agent
81 Name: O'NEILL, MARGUERITE B.
82 Street Address (P.O. Box Number is Not Acceptable): 12551 S. W. 16th Court #201
83
84 City: Pembroke Pines FL 85 Zip Code: 33027

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: _____ (NEED Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, MARTHA	
STREET ADDRESS	3601 SW 62ND WAY	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRENCH, EUGENE W JR.	
STREET ADDRESS	1485 NE 121 ST. #D-413	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOBSON, DEE	
STREET ADDRESS	4001 SW 5TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALTBY, THE R L.	
STREET ADDRESS	4027 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'NEILL, MARGUERITE B	
STREET ADDRESS	5640 COLLINS AVE #3A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOBSON, DENALTA (DEE)	
1.3 STREET ADDRESS	4001 S. W. 5th Terrace	
1.4 CITY-ST-ZIP	Miami, Fl. 33134-2040	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COLLINS, SHELIA	
3.3 STREET ADDRESS	7125 Dickens Avenue #1	
3.4 CITY-ST-ZIP	Miami Beach, Fl. 33141	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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* L. Howard Maltby PD 01/22/97 (305) 538-2244

CR2E037 (9/96)