FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9200000785 (7)

ALL SOULS EPISCOPAL CHURCH OF MIAMI BEACH, INC.

EII ED

THE GOOD ET TOO THE OTTO TO THIS MANY DESIGNATION					
Principal Place of Business		Mailing Address		A CONTROL OF SELECTION OF SELEC	/0171 PDEBY (GIBL BILL 169)
4025 PINE TREE DR. 4025 PINE TREE DR. MIAMI BEACH FL 33140 4025 PINE TREE DR. MIAMI BEACH FL 33140				3. Date Incorporated or Qualified 12/11/1992	
				4. FEI Number	Applied For
9 Dringing D	lace of Business	2a. Mailing Address	-14-T1	59-0624350	Not Applicable
21 26		26		V. Certificate of Status Desired	\$8.75 Additional Fee Required
<u></u>		Suite, Apt. #, etc.			\$5.00 May Be
		City & State		Trust Fund Contribution	
23 28		 		Yes Sociation?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curren	
24	25	29 3	ol		Yes 🗷 No
	9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registered Ag	ent
		out I Howard Malake.			
O'NEILL, MARGUERITE B 12551 SW 16 CT			The Street 40	Rev. I Howard Malthy dress (P.O. Box Number is Not Acceptable) Pine Tree Drive	
			83		
PEMBROKE PINES FL 33027			84 City		85 Zip Code
			Mi	ni Beach FL i	B3140
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 jamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE L. Howard Maltes 4/29/98					
12.	Signature, typod or printed name of registered ages OFFICERS AND		legistered Agent signature	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	IDECTORS IN 12
TITLE	VD OF ICERS AND	DELETE	1.1 TITLE		Change Addition
NAME	COBSON, SHEILA		1.2 NAME	י טו	
STREET ADDRESS	4001 SW 5 TERR		1.3 STREET ADDRESS	Denalta Dobson	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		j
TITLE	D	DELETE	2.1 TITLE	VD :	Change Addition
NAME	FRENCH, EUGENE W JR.		2.2 NAME	VD ·	•
STREET ADDRESS	1485 NE 121 ST. #D-413		2.3 STREET ADDRESS		
CITY-\$T-ZIP	N. MIAMI FL 33161		2. 4 CITY - ST - ZIP		
TITLE	TD	₩ DELETE	3.1 TITLE) ·	Change Addition
NAME	CCOLLINS, SHELIA		3.2 NAME	Kathy Layfield	Ì
STREET ADDRESS	7125 DICKENS AVENUE #1		3.3 STREET ADDRESS	4411 Pine Tree Drive	
CITY+ST-ZIP	MIAMI BCH FL		3.4. CITY-ST-ZIP	Miami Beach, FL 331	30
TITLE	PD	DELETE	4.1 TITLE	, [Change L Addition
NAME	MALTBY, THE R L.		4. 2 NAME		ļ
STREET ADDRESS	4027 PINE TREE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CiTY - ST - ZIP		
TITLE	SD	DELETE	5.1 TITLE	SD Goodfa Tara	Change Addition
NAME	O'NEILL, MARGUERITE B		5.2 NAME	Georgina Lopez 3114 Alton Road	ļ
STREET ADDRESS	5640 COLLINS AVE #3A		5.3 STREET ADDRESS		140
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY - ST - ZiP	Miami Beach, FL 33	· 14U

14. I 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.

5.4 CITY-ST-ZiP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME MIAMI BEACH FL

Change

Addition