2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000001131

1. Entity Name
ST. PAUL THE APOSTLE EPISCOPAL CHURCH/ST. PAUL ET LES MARTYRS D'HAITI, INC.

Principal Place of Business	Mailing Address
6744 N. MIAMI AVE. MIAMI, FL 33150	6744 N. MIAMI AVE. MIAMI, FL 33150

DO NOT WRITE IN THIS SPACE

07142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0230282
Applied For
Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAZIN, J. FRITZ
6744 N. MIAMI AVE.
MIAMI, FL 33150

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. X **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAZIN, FRITZ REV
STREET ADDRESS	6744 N. MIAMI AVE.
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	TD
NAME	BOVERY, HERTA
STREET ADDRESS	491 IVES DAIRY ROAD #E-301
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	T
NAME	BOSQUET, GISELE
STREET ADDRESS	14433 S.W. 113 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
07/19/04-80018-001 *5.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. J Fritz Bazin 7-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #