

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 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**



02242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0230282	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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:

3-14-05

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 May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

100000265383
03/16/05-80055-007 75.00

**DO NOT WRITE
IN THIS SPACE**

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: **Jean Fritz Bazin**

3-14-05 30527588546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #