

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 003 ****75.00

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1. Entity Name

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



Principal Place of Business

6744 N. MIAMI AVE.
MIAMI, FL 33150

Mailing Address

6744 N. MIAMI AVE.
MIAMI, FL 33150

40062924



04112006 No Chg-NP

CR2E037 (11/05)

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

Signature, typed or printed name of registered agent and the, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-06

305-758-8546