

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90008 005 ****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

40127440



07102007 No Chg-NP

CR2E037 (4/06)

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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

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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 BOVENY, HERTA
STREET ADDRESS 488 NW 165 ST RD
CITY-ST-ZIP MIAMI, FL 33170
*MARTHE DASSAS
488 NW 165 ST RD
B-316
MIAMI FL 33169*

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

Rev. J. Fritz Bazin

7/23/07

Date

305-582-9648

Daytime Phone #