
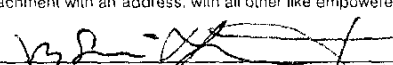


**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90023 012 \*\*\*\*75.00

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # N93000001131					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03052008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0230282	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAZIN, J. FRITZ 6744 N. MIAMI AVE. MIAMI, FL 33150			Name <b>JN. BAPTISTE SMITH MILIEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6744 NORTH MIAMI AVENUE</b> <b>MIAMI</b> City <b>MIAMI</b> FL Zip Code <b>33150</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (HIGH Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAZIN, FRITZ REV 6744 N. MIAMI AVE. MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DASSAS, MARTHE 488 NW 165 ST RD MIAMI, FL 33169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSQUET, GISELE 14433 S.W. 113 TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: <b>3/10/08</b>		Daytime Phone #: <b>305-758-88</b>	
<small>Typed or printed name of signing officer or director</small>					

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