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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005715 (6)

1. Corporation Name

EPISCOPAL SAMARITAN CENTER, INC.



Principal Place of Business

Mailing Address

C/O ST. SIMON'S EPISCOPAL CHURCH
10950 SW 34TH ST.
MIAMI FL

PO BOX 558247
MIAMI FL 33255-8247
US

3. Date Incorporated or Qualified
12/01/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0637214

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 10950 S.W. 34 St.

22 City & State

27 City & State

23 Zip

Country

24 33165

25 USA

28 MIAMI FLORIDA

29 33165

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORBISHLEY, DEBORAH S
1100 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131-4327

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Deborah S. Corbishley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KRICKBAUM, DONALD REV
STREET ADDRESS 484 NE 16TH ST
CITY-ST-ZIP MIAMI FL 33132 ☒ DELETE

1.1 TITLE D
1.2 NAME CAROLINE BYUMBAUGH
1.3 STREET ADDRESS 9050 S.W. 5th AVENUE
1.4 CITY-ST-ZIP MIAMI, FL. 33156 ☐ Change ☒ Addition

TITLE DP
NAME CLARK, MARION
STREET ADDRESS 8801 CARIBBEAN BOULEVARD
CITY-ST-ZIP MIAMI FL 33157 ☐ DELETE

2.1 TITLE D
2.2 NAME ALYA LEE MOURE
2.3 STREET ADDRESS 6619 GRANADA BLVD.
2.4 CITY-ST-ZIP MIAMI, FL. 33146 ☐ Change ☒ Addition

TITLE DT
NAME HAMMATT, ED REV
STREET ADDRESS 7900 RED ROAD, SUITE 26
CITY-ST-ZIP SOUTH MIAMI FL 33143 ☒ DELETE

3.1 TITLE D
3.2 NAME DEU RAY OTTO
3.3 STREET ADDRESS 1611 N.W. 12th AVENUE
3.4 CITY-ST-ZIP MIAMI, FL. 33136-1094 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE D
4.2 NAME JOSE PEDRO REDONDO
4.3 STREET ADDRESS 1160 N.W. 42 AVENUE Suite 450
4.4 CITY-ST-ZIP MIAMI, FLORIDA 33126 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D
5.2 NAME ROSA SANKOWS
5.3 STREET ADDRESS 460 SW 99 AVENUE
5.4 CITY-ST-ZIP MIAMI, Florida 33165 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE DS
6.2 NAME JANE STAPP
6.3 STREET ADDRESS 11396 N.W. 86th LANE
6.4 CITY-ST-ZIP MIAMI, FLORIDA 33143 ☐ Change ☒ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Deborah S. Corbishley*

5/6/97

CR2E037 (9/96)