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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005715 (6)**

1. Corporation Name

EPISCOPAL SAMARITAN CENTER, INC.



Principal Place of Business C/O ST. SIMON'S EPISCOPAL CHURCH 10950 SW 34TH ST. MIAMI FL	Mailing Address 10950 SW 34 ST MIAMI FL 33165 US
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3. Date Incorporated or Qualified 12/01/1995	4. FEI Number 65-0637214	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CORBISHLEY, DEBORAH S 1100 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131-4327	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRUMBAUGH, CAROLINE		1.2 NAME BUSTO, MERCEDES	
STREET ADDRESS 9050 SW 52 AVENUE		1.3 STREET ADDRESS 370 MINORCA AVENUE	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLARK, MARION		2.2 NAME STAPP, JANE	
STREET ADDRESS 8601 CARIBBEAN BOULEVARD		2.3 STREET ADDRESS 11396 SW 86 LANE	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL 33173	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOURE, ALMA L		3.2 NAME CARSON, ROGER	
STREET ADDRESS 6619 GRANADA BLVD		3.3 STREET ADDRESS 15440 SW 82 AVENUE	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL 33157	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OTTO, REV R		4.2 NAME KATON, REV JOANNE	
STREET ADDRESS 1811 NW 12 AVENUE		4.3 STREET ADDRESS 1800 SW 92 PLACE	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP MIAMI, FL 33157	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PEDROREDONDO, JOSE		5.2 NAME WAGNER, GWEN	
STREET ADDRESS 1150 NW 72 AVENUE SUITE 450		5.3 STREET ADDRESS 5600 SW 98 Street	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP MIAMI, FL 33156	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SANKOWS, ROSA		6.2 NAME TAYLOR, REV ANDREW	
STREET ADDRESS 4160 SW 99 AVE NW		6.3 STREET ADDRESS 2598 TALUGA DR	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	

14. 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 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: *Marion E. Clark* 3/1/98 305/617-4200

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