

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704203

**FILED**  
**Apr 19, 2018**  
**Secretary of State**  
**CC6674845769**

**Entity Name:** THE EPISCOPAL CHURCH OF THE HOLY FAMILY,  
INCORPORATED

**Current Principal Place of Business:**

18501 N.W. 7TH AVE.  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

18501 N.W. 7TH AVE.  
MIAMI GARDENS, FL 33169 US

**FEI Number: 59-0936172**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THE VERY, REV. HORACE DWARD  
13202 NW 11TH ST.  
PEMBROKE PINES, FL 33028 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CAMPBELL, MAUREEN E DR.  
Address        11981 NW 11 STREET  
City-State-Zip:   PEMBROKE PINES FL 33026

Title           CEO  
Name           THE VERY, REV. HORACE DWARD  
Address        13202 NW 11TH ST.  
City-State-Zip:   PEMBROKE PINES FL 33028

Title           SECRETARY  
Name           WHITELY GORDON, TEREAKA  
Address        727 NE 193 STREET  
City-State-Zip:   MIAMI FL 33179

Title           DIRECTOR  
Name           FINDLAY, BEVERLEY  
Address        401 NW 185 TERRACE  
City-State-Zip:   MIAMI GARDENS FL 33169

Title           DIRECTOR  
Name           GORDON, GISELLE  
Address        330 NW 145 STREET  
City-State-Zip:   MIAMI FL 33168

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MAUREEN E CAMPBELL**

**TREASURER**

**04/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date