

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707653

Entity Name: ST ANDREW'S EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**14260 OLD CUTLER ROAD
MIAMI, FL 33158**Current Mailing Address:**14260 OLD CUTLER ROAD
MIAMI, FL 33158**FEI Number:** 23-7273769**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KLAUS, JR., KURT R.
15715 S DIXIE HWY.
SUITE 225
PALMETTO BAY,, FL 33157 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:** KURT R. KLAUS, JR.

02/16/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name POTTER, JR., SPENCER B
Address 19000 SW 89TH AVE
City-State-Zip: CUTLER BAY FL 33157

Title T
Name LAPORTA, VICTOR
Address 7331 SW 165 STREET
City-State-Zip: MIAMI FL 33157

Title D
Name ORBAN, BOB
Address 6140 PARADISE POINT DRIVE
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name GALLEGOS, MARK
Address 10940 SW 78 AVENUE
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name KLAUS, JR., KURT R.
Address 15715 S. DIXIE HWY
SUITE 225
City-State-Zip: MIAMI FL 33157

Title S
Name SMITH, LYNN
Address 13605 SW 80 AVENUE
City-State-Zip: MIAMI FL 33158

Title D
Name ROWLAND, STEVE
Address 7370 SW 152 TERRACE
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name ANSON, JD
Address 6557 SW 78 TERRACE
City-State-Zip: SOUTH MIAMI FL 33143

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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: KURT KLAUS

DIRECTOR

02/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEE, KATHY
Address 15455 SW 102 PLACE
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name KOWLESSAR-DESILVA, ALLISON
Address 15815 SW 102 PLACE
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name O'SULLIVAN, KATHY
Address 15471 SW 152 COURT
City-State-Zip: MIAMI FL 33187

Title DIRECTOR
Name ARCHER, CORRIS DR.
Address 2775 NE 187 STREET
APT.522
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name UPSHAW, EMY
Address 13836 SW 67 PLACE
City-State-Zip: MIAMI FL 33158

Title DIRECTOR
Name KLAUS, KURT
Address 15715 SOUTH DIXIE HWY.
SUITE 225
City-State-Zip: MIAMI FL 33157