

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720203

**FILED**  
**Jan 26, 2015**  
**Secretary of State**  
**CC2096184532**

**Entity Name:** TRINITY EPISCOPAL CATHEDRAL, INC.

**Current Principal Place of Business:**

464 NE 16TH ST  
MIAMI, FL 33132-1220

**Current Mailing Address:**

464 NE 16TH ST  
MIAMI, FL 33132-1220 US

**FEI Number: 59-0838103**

**Certificate of Status Desired: No**

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

MUIR, WILLIAM T  
550 BILTMORE WAY  
SUITE 810  
CORAL GALBES, FL 33134 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	PRESIDENT, DEAN	Title	DIRECTOR, SENIOR WARDEN
Name	MCCALEB, DOUGLAS W	Name	SMITH, CLARENCE E DR.
Address	464 NE 16TH STREET	Address	424 W. DILIDO DRIVE
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI BEACH FL 33139
Title	DIRECTOR, JUNIOR WARDEN	Title	TREASURER
Name	ROGERS, VICTORIA J	Name	NOLAN, JAMES T
Address	4025 BONITA AVE	Address	2545 BAY AVENUE
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	MIAMI BEACH FL 33140
Title	SECRETARY		
Name	BETAR, PATRICK E ESQ.		
Address	2 ALHAMBRA PLAZA SUITE 700		
City-State-Zip:	CORAL GABLES FL 33134		

*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: JAMES T. NOLAN**

**TREASURER**

**01/26/2015**

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

\_\_\_\_\_  
Date