

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N92000000501

**Entity Name:** THE EPISCOPAL CHURCH OF THE TRANSFIGURATION, INC.

**Current Principal Place of Business:**

15260 NW 19TH AVENUE  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

P.O. BOX 540272  
OPA LOCKA, FL 33054 US

**FEI Number:** 65-0804056

**Certificate of Status Desired:** No

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

EVANS, GLORIA F  
14500 MAHOGANY COURT  
MIAMI LAKES, FL 33014-2636 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:** GLORIA F. EVANS

06/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TAYLOR, TERRENCE  
Address 15260 NW 19TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title TD  
Name DENNIS, GLORIA  
Address 16311 NW 19 COURT  
City-State-Zip: MIAMI GARDENS FL 33054

Title VPD  
Name SHARPE, SHANTAY  
Address 1205 PERI STREET  
City-State-Zip: OPA-LOCKA FL 33054

Title SD  
Name SIMS, GWENDOLYN  
Address 3970 NW 188 STREET  
City-State-Zip: MIAMI GARDENS FL 33055

Title VPD  
Name SMITH, SR., SAMUEL M  
Address 2901 NW 208 TERRACE  
City-State-Zip: MIAMI GARDENS FL 33055

Title VPD  
Name HENDERSON, LAURETTA  
Address 2525 NW 162 STREET  
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR  
Name EVANS, GLORIA F  
Address 14500 MAHOGANY COURT  
City-State-Zip: MIAMI LAKES FL 33014

*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:** GLORIA F. EVANS

**DIRECTOR**

06/29/2023

Electronic Signature of Signing Officer/Director Detail

Date