

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034058

Entity Name: ST. THOMAS EPISCOPAL CHURCH ENDOWMENT FUND, L.L.C.**Current Principal Place of Business:**5690 S.W. 88 STREET
CORAL GABLES, FL 33156**Current Mailing Address:**5690 S.W. 88 STREET
CORAL GABLES, FL 33156**FEI Number:** 59-0751930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAWNER, PHILIP LESQ.
2655 LE JEUNE ROAD
SUITE 302
CORAL GABLES, 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**Authorized Person(s) Detail :**

Title	S. WARDEN
Name	COLES, WENDY
Address	5690 S.W. 88 STREET
City-State-Zip:	CORAL GABLES FL 33156

Title	CHAIRMAN
Name	ZUBIZARRETA, PETER
Address	5690 S.W. 88 STREET
City-State-Zip:	CORAL GABLES FL 33156

Title	TREASURER
Name	BROWN, AMY
Address	5690 S.W. 88 STREET
City-State-Zip:	CORAL GABLES FL 33156

Title	VC
Name	JOHNSON, LINDA
Address	5690 S.W. 88 STREET
City-State-Zip:	CORAL GABLES FL 33156

Title	SECRETARY
Name	CUSACK, ASHLEY
Address	5690 S.W. 88 STREET
City-State-Zip:	CORAL GABLES FL 33156

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER ZUBIZARRETA

CHAIRMAN

06/25/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date