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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751827 (7)  
1. Corporation Name  
AFRICAN GREEK ORTHODOX ALEXANDRIAN PATRIARCHIAL EPISCOPATE, INC.



Principal Place of Business: 4997 S W 95 AVE FT LAUDERDALE FL 33328  
Mailing Address: 4997 S W 95 AVE FT LAUDERDALE FL 33328

3. Date Incorporated or Qualified: 03/31/1980  
4. FEI Number: 59-2003409  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
NICHOLS, JAMES  
ST HELEN CONVENT  
4997 SW 95 AVE  
FT LAUDERDALE FL 33328

10. Name and Address of New Registered Agent  
81 Name: Sr. Maureen Collins  
82 Street Address (P.O. Box Number is Not Acceptable): 4997 S W 95 Ave.  
83  
84 City: Ft. Lauderdale FL 85 Zip Code: 33328

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: Sr. Maureen Collins  
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating)  
DATE: 04 06 98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD NAME: NICHOLS, JAMES STREET ADDRESS: 4997 SW 95 AVE CITY-ST-ZIP: FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PSD 1.2 NAME: Sr. Maureen Collins 1.3 STREET ADDRESS: 4997 SW 95 Ave 1.4 CITY-ST-ZIP: Ft. Lauderdale FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PARASUR, RICK STREET ADDRESS: 4997 SW 95 AVE CITY-ST-ZIP: FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: Fr. Michael Worman 2.3 STREET ADDRESS: 135-A2 Lakepine Cr. 2.4 CITY-ST-ZIP: Lake Worth Fl. 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COLLINS, MAUREEN STREET ADDRESS: 4997 SW 95 AVE CITY-ST-ZIP: FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: Fr. Daniel Webster 3.3 STREET ADDRESS: 201 NW 39th Ct. 3.4 CITY-ST-ZIP: Pompano Bh. Fl. 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sr. Maureen Collins  
DATE: 04 06 98

CR2E037 (10/97)