

2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90117 014 \*\*\*\*70.00

DOCUMENT # **751827**  
 1. Entity Name **AFRICAN GREEK ORTHODOX ALEXANDRIAN PATRIARCHAL EPISCOPATE**

Principal Place of Business Mailing Address  
**4997 S.W 95 Ave**  
**COOPER CITY FLA**  
**33328**

2. Principal Place of Business 3. Mailing Address  
**4997 S.W 95 Ave** **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Cooper City FLA**  
 Zip **33328** Country **GROWARD** Zip Country

4. FEI Number **59-2003409** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Sister MARINE COLLINS**  
**4997 S.W. 95 Ave**  
**COOPER CITY FLA 33328**

7. Name and Address of New Registered Agent  
 Name **SAME AS BEFORE**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 *[Signature]* DATE **4/14/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. D. FATHER MICHEL WOAMM</b> <input type="checkbox"/> Delete <b>201 NW 39th</b> <b>Pompano FLA 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. D. FATHER DANIEL WEBSTER</b> <input type="checkbox"/> Delete <b>201 N.W. 39th</b> <b>Pompano FLA 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. D. SR. MARINE COLLINS</b> <input type="checkbox"/> Delete <b>4997 S.W 95 Ave</b> <b>COOPER CITY FLA 33328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an addendum with all other like information.  
 SIGNATURE *[Signature]* **(954)**  
**4/14/2000 434-7858**

CR2E037 (9/99)