


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 715129			
1. Entity Name ST. PETERS AFRICAN ORTHODOX CATHEDRAL, INC.			
Principal Place of Business 4841 NW 2ND AVE MIAMI FL 33127		Mailing Address P O BOX 015658 MIAMI FL 33101	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GEORGE W. SANDS (REV) 1715 NE 137 TR MIAMI FL 33181		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		\$5.00 May Be Added to Fees	Applied For Not Applicable
			MOORE CR2E037 (11/03)
4. FEI Number 59-1715064		Applied For Not Applicable	
		MOORE CR2E037 (11/03)	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SWD	TITLE	
NAME	GUILLARD-JORDAN, KAREN	NAME	
STREET ADDRESS	5349 N.W. 189 STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	
NAME	STEWART, FREDERICKA E	NAME	
STREET ADDRESS	8930 NW 11TH COURT	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33150	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	
NAME	SANDS, GEORGE W.	NAME	
STREET ADDRESS	1715 NE 137 TR.	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JWD	TITLE	
NAME	MCCARTNEY, HAROLD	NAME	
STREET ADDRESS	820 N.W. 64 STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33150	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
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MOORE CR2E037 (11/03)

4. FEI Number **59-1715064** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete		<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)(f), 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 address, with all other like empowered.

SIGNATURE: *Fredericka E. Stewart* **FREDERICKA E. STEWART** **305-389-1536**