

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90008 035 ****70.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1715064

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE W. SANDS (REV)
1715 NE 137 TR
MIAMI FL 33181

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SWD	<input type="checkbox"/> Delete
NAME	GUILLARD-JORDAN, KAREN	
STREET ADDRESS	5349 N.W. 189 STREET	
CITY - ST - ZIP	MIAMI FL 33055	

TITLE	SD	<input type="checkbox"/> Delete
NAME	STEWART, FREDERICKA E	
STREET ADDRESS	8930 NW 11TH COURT	
CITY - ST - ZIP	MIAMI FL 33150	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDS, GEORGE W.	
STREET ADDRESS	1715 NE 137 TR.	
CITY - ST - ZIP	MIAMI FL	

TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTNEY, HAROLD	
STREET ADDRESS	820 N.W. 64 STREET	
CITY - ST - ZIP	MIAMI FL 33150	

TITLE	JWD	<input type="checkbox"/> Delete
NAME	RIGBY, EUGENE	
STREET ADDRESS	6833 NW 4 CT	
CITY - ST - ZIP	MIAMI FL 33150	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 2/11/07 305-389-1530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *