

DOCUMENT # 715129

1. Entry Name

ST. PETERS AFRICAN ORTHODOX CATHEDRAL, INC.



FILED
Feb 25, 2008 08:00 AM
Secretary of State



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

4. FEI Number

59-1715064

Applied For

Not Applicable

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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 is not valid without recording)

DATE

FILE NOW FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SWD Delete
NAME GUILLARD-JORDAN, KAREN
STREET ADDRESS 5349 N.W. 189 STREET
CITY-ST-ZIP MIAMI FL 33055

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 03/05/08-80052-019 70.00

TITLE SD Delete
NAME STEWART, FREDERICKA E
STREET ADDRESS 8930 NW 11TH COURT
CITY-ST-ZIP MIAMI FL 33150

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Delete
NAME SANDS, GEORGE W.
STREET ADDRESS 1715 NE 137 TR.
CITY-ST-ZIP MIAMI FL

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE JWD Delete
NAME RIGBY, EUGENE
STREET ADDRESS 6833 NW 4 CT
CITY-ST-ZIP MIAMI FL 33150

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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 2/17/08 305-389-1530