

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715129

FILED
Jan 24, 2009
Secretary of State

Entity Name: ST. PETERS AFRICAN ORTHODOX CATHEDRAL, INC.

Current Principal Place of Business:

4841 NW 2ND AVE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

P O BOX 015658
MIAMI, FL 33101

New Mailing Address:

FEI Number: 59-1715064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SWD () Delete
Name: GUILLARD-JORDAN, KAREN
Address: 5349 N.W. 189 STREET
City-St-Zip: MIAMI, FL 33055

Title: SD () Delete
Name: STEWART, FREDERICKA E
Address: 8930 NW 11TH COURT
City-St-Zip: MIAMI, FL 33150

Title: PD () Delete
Name: SANDS, GEORGE W.,
Address: 1715 NE 137 TR.
City-St-Zip: MIAMI, FL

Title: JWD () Delete
Name: RIGBY, EUGENE
Address: 6833 NW 4 CT
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SWD (X) Change () Addition
Name: BULLARD-JORDAN, KAREN
Address: 5349 N.W. 189 STREET
City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICKA E. STEWART

SD

01/24/2009

Electronic Signature of Signing Officer or Director

_____ Date