2003 NOT-FOR-PROFIT CORPOCATION UNIFORM BUSINESS REPORT (UBR)

04-24-2003 90207 019 ****70.00 **DOCUMENT # 715129** ST. PETERS AFRICAN ORTHODOX CATHEDRAL, INC. 55040546 Principal Place of Business Mailing Address P O BOX 015658 4841 NW 2ND AVE MIAMI FL 33101 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1715064 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired P Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - ----GEORGE W. SANDS (REV) ** **** ** Street Address (P.O. Box Number is Not Acceptable) 1715 NE 137 TR MIAMI FL 33181 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SENIOR WARDEN TITLE VD. **Delete** TITLE ☐ Change KAREN BUILARD-JORDAN MALIF SANDS, GEORGE K. NAME 5349 N. W. 189 STREET STREET ADDRESS STREET ADDRESS 1001 NW 54TH ST CR2E037 TUNIOR WARDON CITY-ST-ZIP CITY-ST-ZIP MAMI FL ☐ Delete Z-Addition TITLE TITLE : ☐ Change HAROLL MCCARTNEY NAME STEWART, FREDERICKA E NAME 820 N.W. 64 STREET STREET ADDRESS STREET ADDRESS 8930 NW 11TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150 Oelete IIII F ☐ Change Addition. NAME SANDS, GEORGE W. NAME STREET ADDRESS STREET ADDRESS 1715 NE 137 TR. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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

ther like empowered. FRESERICKA E. STEWART HOWELRED 4-20-

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

May 14, 2003 8:00 am Secretary of State