

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 APR -7 AM 11:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 717970 (8)**

1. Corporation Name  
**SAINT ANDREW GREEK ORTHODOX CHURCH OF KENDALL, I NC.**

Principal Place of Business <b>7901 NORTH KENDALL DRIVE MIAMI FL 33156</b>	Mailing Address <b>7901 NORTH KENDALL DRIVE MIAMI FL 33156</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/28/1970</b>	3a. Date of Last Report <b>03/29/1994</b>
4. FEI Number <b>59-1806073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 SAME AS ABOVE</b>	2a. Mailing Address <b>26 SAME AS ABOVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>27</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**MULLEN, THOMAS W.  
7900 RED ROAD  
SUITE 26  
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD NICHOLAS, PATRICIOS 9700 SW 73 AVENUE MIAMI FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD STAIKOS, ANTHONY 810 SW 100 COURT MIAMI FL</b>	1.2 NAME	1.3 STREET ADDRESS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD DEMERY, FRANK D. 8600 SW 84 AVENUE MIAMI FL</b>	1.4 CITY - ST - ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD MCDONALD, BRIAN 1130 ORIOLE AVENUE MIAMI SPRINGS FL</b>	2.2 NAME	2.2 STREET ADDRESS
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.2 NAME	3.3 STREET ADDRESS
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.4 CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.2 NAME	4.2 STREET ADDRESS
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.2 NAME	5.3 STREET ADDRESS
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.4 CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.2 NAME	6.2 STREET ADDRESS
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with my address.

SIGNATURE: Frank D. Demery Treas. 1/15/95 305 5951343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #