

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996.



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717970 (8)

1. Corporation Name

SAINT ANDREW GREEK ORTHODOX CHURCH OF KENDALL, INC.



Principal Place of Business

Mailing Address

**7901 NORTH KENDALL DRIVE
MIAMI FL 33156**

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MIAMI FL 33156**

3. Date Incorporated or Qualified
01/28/1970

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-1806073

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **NICHOLAS, PATRICIOS**
STREET ADDRESS **9700 SW 73 AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☒ DELETE
NAME **STAIKOS, ANTHONY**
STREET ADDRESS **910 SW 100 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ DELETE
NAME **DEMERY, FRANK D.**
STREET ADDRESS **8600 SW 84 AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ DELETE
NAME **MCDONALD, BRIAN**
STREET ADDRESS **1130 ORIOLE AVENUE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **STAIKOS, ANTHONY**
1.3 STREET ADDRESS **910 SW 100 COURT**
1.4 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **MILLER, THEODORE**
2.3 STREET ADDRESS **12870 SW 101 AVE**
2.4 CITY-ST-ZIP **MIAMI FL 33176**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **VITERI, MARIO R.**
3.3 STREET ADDRESS **12621 SW 108 AVE**
3.4 CITY-ST-ZIP **MIAMI FL 33176**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **MOOK, JOHN E.**
4.3 STREET ADDRESS **14436 SW 95 AVE**
4.4 CITY-ST-ZIP **MIAMI FL 33186**

5.1 TITLE **200001760022** ☒ Change ☐ Addition
5.2 NAME **-03/27/96--01091--018**
5.3 STREET ADDRESS *****61.25**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

Mario R. Viteri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96 (305) 595-1343

Date

Daytime Phone #

CR2E037 (12/95)