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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

Mailing Address

7901 NORTH KENDALL DRIVE  
MIAMI FL 33156

7901 NORTH KENDALL DRIVE  
MIAMI FL 33156-7456

3. Date Incorporated or Qualified  
01/28/1970

3a. Date of Last Report  
03/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1806073

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PD  
1.2 NAME DEMERY, FRANK D.  
1.3 STREET ADDRESS 8600 SW 84 AVE  
1.4 CITY-ST-ZIP MIAMI FL 33143  
 Change  Addition

TITLE VD  
NAME MILLER, THEODORE  
STREET ADDRESS 12870 SW 101 AVE  
CITY-ST-ZIP MIAMI FL 33176  
 DELETE

2.1 TITLE VD  
2.2 NAME Ioannides, George  
2.3 STREET ADDRESS 1830 SW 99 AVE  
2.4 CITY-ST-ZIP MIAMI FL 33165  
 Change  Addition

TITLE TD  
NAME VITERI, MARIO R  
STREET ADDRESS 12621 SW 108 AVE  
CITY-ST-ZIP MIAMI FL 33176  
 DELETE

3.1 TITLE TD  
3.2 NAME PATRICIOS, Nicholas  
3.3 STREET ADDRESS 9700 SW 73 AVE  
3.4 CITY-ST-ZIP MIAMI FL 33156  
 Change  Addition

TITLE SD  
NAME MOOK, JOHN E  
STREET ADDRESS 14436 SW 95 LANE  
CITY-ST-ZIP MIAMI FL 33186  
 DELETE

4.1 TITLE SD  
4.2 NAME McDonald, Brian  
4.3 STREET ADDRESS 1130 Oriole Ave  
4.4 CITY-ST-ZIP Miami Springs, FL 33166  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

14. I do 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 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: Frank D. Demery

1/28/97 305 593 0014  
Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 002720

CR2E037 (9/96)