

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthagen Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717970 (8)
 Corporation Name
SAINT ANDREW GREEK ORTHODOX CHURCH OF KENDALL, I NC.

Principal Place of Business 7901 NORTH KENDALL DRIVE MIAMI FL 33156	Mailing Address 7901 NORTH KENDALL DRIVE MIAMI FL 33156
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21 Principal Place of Business	25 Mailing Address
22 Suite, Apt #, etc.	26 Suite, Apt #, etc.
23 City & State	27 City & State
24 Zip	28 Country
25 Country	29 Zip
30 Country	

3. Date Incorporated or Qualified 01/28/1970
4. FEI Number 59-1806073
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No



9. Name and Address of Current Registered Agent

MULLEN, THOMAS W.
7900 RED ROAD
SUITE 28
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE "D" Treasurer
NAME	PATRICIOS, NICHOLAS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9700 SW 73 AVE		1.2 NAME GEORGE JENETOPULOS
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS 7300 S.W. 105 Terrace
			1.4 CITY-ST-ZIP Miami, FL 33156
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE "D" SECRETARY
NAME	MCDONALD, BRIAN		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1130 ORIOLE AVE		2.2 NAME JOHN MOOK
CITY-ST-ZIP	MIAMI SPRINGS FL		2.3 STREET ADDRESS 14436 S.W. 95 Lane
			2.4 CITY-ST-ZIP Miami, FL 33186
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE "D" President
NAME	DEMERY, FRANK D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8600 SW 64 AVE		3.2 NAME Margaret Sarafoglu
CITY-ST-ZIP	MIAMI FL		3.3 STREET ADDRESS 6201 S.W. 118 Street
			3.4 CITY-ST-ZIP Miami, FL 33186
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE "D" Vice-President
NAME	LOCANNIDER, GEORGE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1830 SW 99 AVE		4.2 NAME Athas Kometas
CITY-ST-ZIP	MIAMI FL		4.3 STREET ADDRESS 9380 S.W. 73 Avenue
			4.4 CITY-ST-ZIP Miami, FL 33156
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. 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 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: _____ **4-8-98** **305 595-1343**

CR2E037 (10/97)