


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90194 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 717970</b>					
1. Corporation Name <b>SAINT ANDREW GREEK ORTHODOX CHURCH OF KENDALL, INC.</b>					
Principal Place of Business 7901 NORTH KENDALL DRIVE MIAMI FL 33156			Mailing Address 7901 NORTH KENDALL DRIVE MIAMI FL 33156		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/28/1970 4. FEI Number 59-1806073 Applied For 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	
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9. Name and Address of Current Registered Agent <b>MULLEN, THOMAS W. 7900 RED ROAD SUITE 28 SOUTH MIAMI FL 33143</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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	DT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JENETOPULOS, GEORGE			1.2 NAME	Theodore M. Miller		
STREET ADDRESS	7300 SW 105 TERR			1.3 STREET ADDRESS	12870 S.W. 101 Avenue		
CITY-ST-ZIP	MIAMI FL 33156			1.4 CITY-ST-ZIP	Miami, FL 33176		
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOOK, JOHN			2.2 NAME	John Mook		
STREET ADDRESS	14436 SW 95 LANE			2.3 STREET ADDRESS	14436 S.W. 95 Lane		
CITY-ST-ZIP	MIAMI FL 33186			2.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SARAFOLU, MARGARET			3.2 NAME	Mary Ceavers		
STREET ADDRESS	6201 SW 118 ST			3.3 STREET ADDRESS	8335 S.W. 85 Terrace		
CITY-ST-ZIP	MIAMI FL 33186			3.4 CITY-ST-ZIP	Miami, FL 33143		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOMETAS, ATHAS			4.2 NAME	Frank Davis		
STREET ADDRESS	9380 SW 73 AVE			4.3 STREET ADDRESS	19372 S.W. 119 Avenue		
CITY-ST-ZIP	MIAMI FL 33156			4.4 CITY-ST-ZIP	Miami, FL 33177		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

*George Jenetopoulos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JAN 21, 1999* 305 252 7118

CR2E037 (11/98)