

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90085 010 ****61.25

DOCUMENT # 717970

1. Entity Name

**SAINT ANDREW GREEK ORTHODOX CHURCH OF
KENDALL, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1806073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CEAVERS, MARY	
STREET ADDRESS	8335 SW 85 TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCDONALD, BRIAN	
STREET ADDRESS	1130 ORIOLE AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHAW, MARTIN III	
STREET ADDRESS	15550 SW 72 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KARNEGIS, GEORGE	
STREET ADDRESS	7450 SW 135 ST.	
CITY-ST-ZIP	MIAMI FL 33156-6852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOKORELIS, BILL	
STREET ADDRESS	15380 SW 72 AVE	
CITY-ST-ZIP	PALMETTO BAY, FL 33157	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOANNIDES, ANDREA	
STREET ADDRESS	1830 SW 99 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEAVERS, MARY	
STREET ADDRESS	8335 SW 85 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, FRANK	
STREET ADDRESS	8126 SW 143 PLACE	
CITY-ST-ZIP	MIAMI, FL 33193-5103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Kokorelis* **Bill Kokorelis-D/P 2/10/05 305.595.1343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR