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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751827** (7)

1. Corporation Name

**AFRICAN GREEK ORTHODOX ALEXANDRIAN PATRIARCHIAL
EPISCOPATE, INC.**

Principal Place of Business 4997 S W 95 AVE FT LAUDERDALE FL 33328	Mailing Address 4997 S W 95 AVE FT LAUDERDALE FL 33328
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3. Date Incorporated or Qualified

03/31/1980

4. FEI Number

59-2003409

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**NICHOLS, JAMES
ST HELEN CONVENT
4997 SW 95 AVE
FT LAUDERDALE FL 33328**

81 Name

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

4997 S W 95 Ave.

84 City

Ft. Lauderdale

85 Zip Code

FL 33328

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 **Sr. Maureen Collins**

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

Sr. Maureen Collins

04 06 98

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ DELETE

NAME **NICHOLS, JAMES**
STREET ADDRESS **4997 SW 95 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☒ DELETE

NAME **PARASUR, RICK**
STREET ADDRESS **4997 SW 95 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☒ DELETE

NAME **COLLINS, MAUREEN**
STREET ADDRESS **4997 SW 95 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PSD** ☒ Change ☐ Addition

1.2 NAME **Sr. Maureen Collins**
1.3 STREET ADDRESS **4997 SW 95 Ave**
1.4 CITY-ST-ZIP **Ft. Lauderdale FL 33328**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Fr. Michael Worman**
2.3 STREET ADDRESS **135-A2 Lakepine Cr.**
2.4 CITY-ST-ZIP **Lake Worth Fl. 33463**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Fr. Daniel Webster**
3.3 STREET ADDRESS **201 NW 39th Ct.**
3.4 CITY-ST-ZIP **Pompano Bh. Fl. 33064**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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:

Sr. Maureen Collins

04 06 98

964 434 7868

CR2E037 (10/97)