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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 10:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 769069 (6)

1. Corporation Name

APOSTOLIC MISSION OF CHRIST, INC.

500001463185

-05/01/95--01050--001

*****210.00 *****70.00**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**261 NE 23 ST
MIAMI FL 33137**

**261 NE 23 ST
MIAMI FL 33137**

3. Date Incorporated or Qualified

06/23/1983

3a. Date of Last Report

02/25/1994

4. FBI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

**BUKAWYN, RT. REV. BISHOP PETER
261 NE 23 ST
MIAMI FL 33137**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BUKAWYN, RT. REV. PETER**
STREET ADDRESS **261 NE 23 ST.**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **P/M/D/Registered agent** ☐ Change ☐ Addition
1.2 NAME **BUKAWYN Peter (Metropolitan-Bishop)**
1.3 STREET ADDRESS **261 N.E. 23 St.**
1.4 CITY - ST - ZIP **Miami, FL 33137**

TITLE **VD**
NAME **GALVEZ, REV. DR. CARLOS**
STREET ADDRESS **261 NE 23 ST.**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE **M/D (Chancellor)** ☐ Change ☒ Addition
2.2 NAME **STRATOPOULOS Konstantinos (Archpriest)**
2.3 STREET ADDRESS **261 N.E. 23 St.**
2.4 CITY - ST - ZIP **Miami, FL 33137**

TITLE **SD**
NAME **COOLBROTH, ROBERT**
STREET ADDRESS **261 NE 23 ST.**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE **S/M/D (Church Gen. Secretary)** ☐ Change ☐ Addition
3.2 NAME **CASTILLO Flores de Sandra**
3.3 STREET ADDRESS **261 N.E. 23 St.**
3.4 CITY - ST - ZIP **Miami, FL 33137**

TITLE **TD**
NAME **BUKAWYN, MIRIAM**
STREET ADDRESS **261 NE 23 ST.**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE **S/M/D (Church Clerk)** ☐ Change ☒ Addition
4.2 NAME **ARISPE Maria Eugenia**
4.3 STREET ADDRESS **261 N.E. 23 St.**
4.4 CITY - ST - ZIP **Miami, FL 33137**

TITLE **D**
NAME **GALINDO, JANETTE**
STREET ADDRESS **261 NE 23 ST.**
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE **M/D (Mission Director)** ☐ Change ☐ Addition
5.2 NAME **GALINDO, Janette**
5.3 STREET ADDRESS **261 N.E. 23 St.**
5.4 CITY - ST - ZIP **Miami, FL 33137**

TITLE **D**
NAME **PAUL, REV JOSEPH SAMUEL**
STREET ADDRESS **261 NE 23 ST.**
CITY - ST - ZIP **MIAMI FL**

6.1 TITLE **T/M/D (Church Treasurer)** ☐ Change ☐ Addition
6.2 NAME **BUKAWYN Myriam**
6.3 STREET ADDRESS **261 N.E. 23 St.**
6.4 CITY - ST - ZIP **Miami, FL 33137**

**(ADDITIONAL OFFICERS
ON ATTACHED SHEET)**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Metropolitan-Bishop, Peter Bukawyn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL, 25, 1995
DATE

(305)573-2590
TELEPHONE NUMBER

Metropolitan-Bishop, Peter BUKAWYN (President-Registered Agent)

ADDITIONAL OFFICERS
CHURCH COUNCIL MEMBERS

APOSTOLIC MISSION OF CHRIST, INC. - CHURCH CORPORATION NUMBER 769069
CORPORATION ANNUAL REPORT 1995

GALVEZ Carlos, Rev. Dr. M.D.
BANDAK George, V. Rev. Fr. Protopresbyter
RADWAN Romanos, Rev. Fr. Presbyter
FARAH Ernest, Dr.
PERDOMO Orestes
BONILLA Alvarez, Adan Roque
YAXON Pocop, Francisco
OROZCO Tijerino, Manuel Antonio
STRATOPOULOS Eleni, Presbyteria
BANDAK, Georgette, Presbyteria
PERDOMO Micaela
BONILLA Lopez de, Diega del Socorro
YAXON Pocop de, Maria Florestina
OROZCO Hernandez de, Ileana del Carmen

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Metropolitan-Bishop, Peter Bukawyn

METROPOLITAN BISHOP
PETER BUKAWYN
PRESIDENT & REGISTERED AGENT
APOSTOLIC MISSION OF CHRIST INC.