

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 22 AM 10:15

DOCUMENT # **769069** (6)

1. Corporation Name

APOSTOLIC MISSION OF CHRIST, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 **PMD** ☐ DELETE
NAME **BUKAWYN, RT. REV. PETER**
STREET ADDRESS **261 NE 23 ST.**
CITY-ST-ZIP **MIAMI FL 33137**

1.1 TITLE **PMD (Metropolitan Bishop)** ☐ Change ☐ Addition
1.2 NAME **BUKAWYN, RT. REV. PETER**
1.3 STREET ADDRESS **261 N.E. 23 St.**
1.4 CITY-ST-ZIP **MIAMI FL 33137** ******210.00 *****70.00**

TITLE **MDC** ☐ DELETE
NAME **STRATOPOULOS, KONSTANTINOS**
STREET ADDRESS **261 NE 23 ST.**
CITY-ST-ZIP **MIAMI FL 33137**

2.1 TITLE **MDC (Chancellor-Archpriest)** ☐ Change ☐ Addition
2.2 NAME **STRATOPOULOS, V. REV. KONSTANTINOS**
2.3 STREET ADDRESS **261 N.E. 23 St.**
2.4 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **SMD** ☐ DELETE
NAME **CASTILLO, FLORES DE SANDRA**
STREET ADDRESS **261 NE 23 ST.**
CITY-ST-ZIP **MIAMI FL 33137**

3.1 TITLE **MD (Presbyter)** ☐ Change ☐ Addition
3.2 NAME **GALVEZ, REV. DR. CARLOS**
3.3 STREET ADDRESS **261 N.E. 23 St.**
3.4 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **SMD** ☒ DELETE
NAME **ARISPE, MARIA EUGENIA**
STREET ADDRESS **261 NE 23 ST.**
CITY-ST-ZIP **MIAMI FL 33137**

4.1 TITLE **SMD** ☐ Change ☐ Addition
4.2 NAME **CASTILLO, FLORES de SANDRA**
4.3 STREET ADDRESS **261 N.E. 23 St.**
4.4 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **MD** ☐ DELETE
NAME **GALINDO, JANETTE**
STREET ADDRESS **261 NE 23 ST.**
CITY-ST-ZIP **MIAMI FL 33137**

5.1 TITLE **MD** ☐ 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 **TMD** ☐ DELETE
NAME **BUKAWYN, MYRIAM**
STREET ADDRESS **261 NE 23 ST.**
CITY-ST-ZIP **MIAMI FL 33137**

6.1 TITLE **TMD** ☐ 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 617, 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
Metropolitan-Bishop Peter. BUKAWYN (President-Registered Agent)

01/17/96

(305)573-8381

(305)573-2590

Date

Daytime Phone #

CR2E037 (12/95)

2

ADDITIONAL OFFICERS

CHURCH COUNCIL MEMBERS

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