


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007107
 1. Entity Name
ST. ANNE'S AFRICAN ORTHODOX CHURCH, INC.



Principal Place of Business 2485 NW 65TH ST. MIAMI, FL 33147	Mailing Address 2485 NW 65TH ST. MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-4484126	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARR, JAMES
 2485 NW 65TH ST.
 MIAMI, FL 33147

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when recontacting)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000084805
 03/11/04-80022-015 70 00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, JAMES 2485 NW 65TH ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, NELLIE 2485 NW 65TH ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, MELVINA 2485 NW 65TH ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CARRIE 2485 NW 65TH ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, GEORGE 2485 NW 65TH ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nellie Wilder Nellie Wilder 2-19-04 305 699-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #