


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>2485 NW 65TH ST. MIAMI, FL 33147</b>	Mailing Address <b>2485 NW 65TH ST. MIAMI, FL 33147</b>
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01212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-4484126</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25  
Due by May 1, 2006

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

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	

U00000404054  
02/06/06-80032-007 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **1-24-06** **305 699-4883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #