

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90025 001 ****70.00

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01152007 Chg-NP CR2E037 (12/06)

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-4484126	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
BARR, JAMES 2485 NW 65TH ST. MIAMI, FL 33147		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARR, JAMES	NAME			
STREET ADDRESS	2485 NW 65TH ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILDER, NELLIE	NAME			
STREET ADDRESS	2485 NW 65TH ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBSON, MELVINA	NAME			
STREET ADDRESS	2485 NW 65TH ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, CARRIE	NAME			
STREET ADDRESS	2485 NW 65TH ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARR, GEORGE	NAME			
STREET ADDRESS	2485 NW 65TH ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Nellie Wilder - Nellie Wilder</i>		3-12-07		3051293-4883	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	