


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 03, 2008 08:00 A
Secretary of State**

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



Principal Place of Business Mailing Address
2485 NW 65TH ST. 2485 NW 65TH ST.
MIAMI FL 33147 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
Zip Country Zip Country

1st MOORE CR2E037 (10/07)
4. FEI Number: 36-4484126 Applied For / Not Applicable
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

7. Name and Address of New Registered Agent
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 _____
State, type or profession of registered agent and title, if applicable. (NOTE: Registered Agent is not to be a child with no listing)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D BARR, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	2485 NW 65TH ST.	
CITY- ST- ZIP	MIAMI FL 33147	
TITLE NAME	D WILDER, NELLIE	<input type="checkbox"/> Delete
STREET ADDRESS	2485 NW 65TH ST.	
CITY- ST- ZIP	MIAMI FL 33147	
TITLE NAME	D GIBSON, MELVINA	<input type="checkbox"/> Delete
STREET ADDRESS	2485 NW 65TH ST.	
CITY- ST- ZIP	MIAMI FL 33147	
TITLE NAME	D BARR, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	2485 NW 65TH ST.	
CITY- ST- ZIP	MIAMI FL 33147	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 2-29-08 305 693-4883