

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000006896**

1. Entity Name  
**THE AFRICAN ORTHODOX CHURCH, INCORPORATED**



Principal Place of Business  
**122 W 129 ST  
NEW YORK, NY 10027**

Mailing Address  
**19137 N.W. 37TH AVE  
MIAMI, FL 33056**

**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**01-0683947**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARR, JAMES  
19137 NW 37 AVE  
OPA LOCKA, FL 33056**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**DP  
SANDS, GEORGE W REV  
1715 NE 137 TERR  
MIAMI, FL 33181**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
SAILSBURY, JAMES REV  
P.O. BOX 1428  
SUITLAND, FL 20752**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WILDER, NELLIE  
2508 NW 66 ST  
MIAMI, FL 33147**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
KING, IRENE  
P.O. BOX 152  
METUCHEN, NJ 088400152**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000687829  
04/10/07-80055-010 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/07* **3/20/07**

DATE

*305 693-4883* **305 693-4883**

DAYTIME PHONE #