

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 29 AM 11:36



01232008 Chg-NP CR2E037 (12/06)

DOCUMENT # N49983			
1. Entity Name ROBERTSON MEMORIAL CHURCH, INC.			
Principal Place of Business 261 NE 23RD ST. MIAMI, FL 33137 US		Mailing Address 261 NE 23RD ST. MIAMI, FL 33137 US	
2. Principal Place of Business - No P.O. Box # 261 NE 23rd. St.		3. Mailing Address 261 N.E. 23rd. St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33137	Country USA	Zip 33137	Country USA
4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent METROPOLITAN-BISHOP BUKAWYN, PETER MB 261 N.E. 23RD STREET MIAMI, FL 33137		7. Name and Address of New Registered Agent Name: Metropolitan-Bishop, Peter BUKAWYN Street Address (P.O. Box Number is Not Acceptable): 261 NE 23rd. St. City: Miami FL Zip Code: 33137	
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 reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PCMD BUKAWYN, PETER <input type="checkbox"/> Delete 261 NE 23RD ST. MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCMD BUKAWYN, Peter <input type="checkbox"/> Change <input type="checkbox"/> Addition 261 NE 23 St. (Metropolitan-Bishop) Miami, FL 33137 (President-Chairman) (Registered Agent)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD STRATOPOULOS, KONSTANTINOS DR <input checked="" type="checkbox"/> Delete 261 NE 23RD ST. MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GALVEZ, Carlos Dr. (Archpriest-Rector) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 261 NE 23 St. Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GALVEZ, CARLOS A-R <input type="checkbox"/> Delete 261 N.E. 23RD ST. MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SANTANA, Henry (Archdeacon-Chancellor) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 261 NE 23 St. Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD CASTILLO, SANDRA F <input type="checkbox"/> Delete 261 NE 23RD ST. MIAMI, 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PERDOMO, Orestes (Archdeacon-Majordomo) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 261 NE 23 St. Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMD BUCKLEY TOUSSAINT, JULIETTE <input type="checkbox"/> Delete 261 NE 23RD ST. MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD CASTILLO, Sandra Flores de (Secretary) <input type="checkbox"/> Change <input type="checkbox"/> Addition 261 NE 23 St. Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BUKAWYN, MYRIAM <input type="checkbox"/> Delete 261 NE 23RD ST. MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMD BUCKLEY, Juliette (Treasurer) <input type="checkbox"/> Change <input type="checkbox"/> Addition 261 NE 23 St. Miami, FL 33137
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>Metropolitan-Bishop, Peter</i>		DATE: 1/28/08 (305) 573-8381	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	