## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N9600004124 (1)												
PATRIARCHATE OF ALEXANDRIA, ARCHDIOCESE IN MIAMI , INC.											LOCAL CART CORE	
Principal Place of Business Mailing Address									- I ABBILIDA DAD ABARA DIRIA DOLIA BULAR UBAR UBAR	i Doler filkol errit	INSKE BEEN NEED	
6254 SW EIGHTH STREET 6254 SW EIGHTH STREET									3. Date Incorporated or Qualified	<del></del>	<del></del> -	
MIAMI FL 33144				MIAMI FL 33144				08/05/1996				
									4. FEI Number		Applied For	
									65-0689059	1	lot Applicable	
2. Principal P	lace of Busin	2a. M	2a. Mailing Address 26					Certificate of Status Desired		Additional Required		
Sulte, Apt.	#, etc.	St	Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00	May Be		
22		27						Trust Fund Contribution	Added	to Fees		
City & State	θ	<del></del>	City & State					7. Is this nonprofit corporation a homeowners association?				
23				Zip Country					✓ Yes □ No			
Zip 24	}	Country	<del>}</del>	<u> </u>			,		8. This corporation owes or has paid the current year le		ntangible I	
24	24 25 25 P. Name and Address of Current			29 30 Registered Agent			-		10. Name and Address of New Registered Agent			
81 Name												
EVADIMIC GEORGE ADCHDOD												
SYGRIMIS, GEORGE ARCHBSP 6254 SW EIGHTH STREET						82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		Į	
MAMI FL 33144						83						
***************************************	. 00177									les l'air	0.40	
						84 City			F	<b>L</b> 85 Zip	Code	
11. Pursuant office or r	ions of Sections 617.6	0502 and 617, ate of Florida	1508, Ftorida Sta Such change wa	the above	e-named the corp	corpo poratio	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing pointment a	its registered s registered			
	IT) ISTIIIIST WI	in, and accopt the or	iligationa di, pi	.0303,	Tioria	a Statutes	<b>.</b>				1	
SIGNATURE .	Signature, typed	or printed name of registered	agont and title if ar	t) ektasilqı	NOTE: Re	gistered Age	ent signature	required	d when reinstating) DATE			
12.	OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICERS A			
TATLE	PD			DELETE 1.1 TITLE			ļ		Change	Addition		
NAME	1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•			1.2 NAME					
STREET ADDRESS	1	33RD STREET					1.3 STREET ADDRESS				Ţ	
CITY-ST-ZIP				DELETE			1.4 CITY-ST-ZIP			Change	Addition	
TITLE	D	ALLETIA ADIOTI				2.1 TITLE		ĺ		CT CHAINGS	Addition	
NAME		OMATIS, ARISTI NEWATER DR		•			2.2 NAME 2.3 STREET ADDRESS				İ	
STREET ADDRESS							1					
CITY-ST-ZIP TITLE	CORAL GABLES FL			DELETE			2 4 CITY-ST-ZIP 3.1 TITLE			☐ Change	☐ Addition	
NAME	ELIAKEDIS, MARIA						3.2 NAME					
STREET ADDRESS					1	3.3 STREET	ADDRESS	\ 			١	
CITY-ST-ZIP	MIAMI FL					3.4. CITY - 8		1				
TITLE		<del></del>		DELETE		4.1 TITLE				Change	☐ Addition	
NAME					1	4. 2 NAME					ŀ	
STREET ADDRESS					ı	4.3 STREET	ADDRESS	ĺ				
CITY-ST-ZIP						4.4 City-S	T-ZIP					
TITLE				DELETE	I	5,1 TITLE		[		☐ Change	☐ Addition	
NAME					1	5.2 NAME		Ī				
STREET ADDRESS						5.3 STREET	ADDRESS				ì	
CITY-ST-ZIP						5.4 CITY-S	T-ZIP	<b></b>			1230	
TITLE				☐ DELETE	1	6.1 TITLE				L Unange	Addition	
NAME					ł	6,2 NAME					1	
STREET ADDRESS					]	6.3 STREET					1	
CITY-ST-ZIP	74					6.4 CITY-S	T-ZIP	ــــــ				

**FILED** 

Feb 12 1998 8:00am

Secretary of State