02-24-1999 90176 004 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003849

ST. PETER'S ANTIOCHIAN ORTHODOX CATHOLIC CHURCH, INC.

i							
Principal Place of Business Mailing Address							
1811 NORTHWEST 4TH COURT 1811 NORTHWEST 4TH COURT MIAMI FL 33136 MIAMI FL 33136			RT				âle e
MIAMI FL 33136 MIAMI FL 33136					(1561-1101 010 1911) DELI BELL BULL BULL BULL BULL BULL BULL BULL		
							٠.
Principal Place of Business					Date Incorporated or Qualifed		
21	26				07/07/1997		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Apr	plied For
22	27		***	···	59-2019406		t Applicable
City & Staf	te	City & State			5. Certificate of Status Desired	\$8.75 A	
23		28	Causta				·
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 Added to	
24	25	29 3	01		Trust Fund Contribution 10. Name and Address of New Registere		
	9. Name and Address of Curren	r Kegisterea Agent	81	Name	10. Italie und Addibas di Itali Itagiotot		
	. == 4						<u>.</u>
LLOYD, G. LEROY III			82	Street Add	ress (P.O. Box Number is Not Acceptable)		•
315 NORTHEAST 131ST ST			83	-			
NORTH MIAMI FL 33161							·
			84	City	· F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617,050	2 and 617,1508, Florida Statutes	, the above	e-named corp	poration submits this statement for the purpose	of changing its	registered
office or a	registered agent, or both, in the State of the familiar with, and accept the obligations.	ot Florida. Such change was auti	nonzeu by	the corporati	on's board of directors. I hereby accept the ap	ointment as reg	jistered
_	ım ramınar witri, and accept the obliga-	tions of, Section of F.0505, Florid	a Glatatos	•			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Agen	it signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	LLOYD, G. LEROY III		1.2 NAME		• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS	315 NE 131ST ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NO MIAMI FL 33161		1.4 CITY-ST-ZIP			· 	
TITLE	DELETÉ 2.11		2.1 TITLE			☐ Change	Addition
NAME	DEAN, PEGGY		2.2 NAME				
STREET ADDRESS	1476 NW 37TH AVE		2.3 STREET	TADORESS	•		
CITY-ST-ZIP	MIAMI FL 33145		2. 4 CITY- S	T-ZIP			- Addition
-TITLE · ~	D	☐ DELETE	3.1 TITLE		and the same of th	☐ Change	Addition
NAME	NICHOLLS, FLORENCE		3.2 NAME				
STREET ADDRESS	1317 NW 2ND AVE		3.3 STREET				
CITY-ST-ZIP	MIAMI FL 33136		3.4. CITY- S	T-ZIP		Change	☐ Addition
TITLE	D	☐ DELETÉ	4.1 TITLE		,	□ Olanya	L. Accinoti
NAME	JONES, FREDDIE		4. 2 NAME		·		
STREET ADDRESS			4.3 STREET		•		
CITY-ST-ZIP	MIAMI FL 33142		4.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME			. Criange	CT WOOMOII
NAME	I		3.2 NAME	1			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an anachment with an address, with all other like ampowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition