

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 21, 2008
Secretary of State**

DOCUMENT# N97000003849

Entity Name: ST. PETER'S ANTIOCHIAN ORTHODOX CATHOLIC CHURCH, INC.

Current Principal Place of Business:

1811 NORTHWEST 4TH COURT
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1811 NORTHWEST 4TH COURT
MIAMI, FL 33136

New Mailing Address:

FEI Number: 59-2019406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKHAM, CATHERINE D III
8792 S.W. 213TH LANE
CUTLER BAY, FL 33189 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LLOYD, G. LEROY III
Address: 315 NE 131ST ST
City-St-Zip: NO MIAMI, FL 33161

Title: D () Delete
Name: MCKHAM, CATHERINE D
Address: 8792 S. W. 213TH LANE
City-St-Zip: CUTLER BAY, FL 33189

Title: D () Delete
Name: NICHOLLS, FLORENCE
Address: 1317 NW 2ND AVE
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: JONES, FREDDIE
Address: 2150 N.W. 60TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ATWELL, MADELINE
Address: 1811 N. W. 4TH COURT
City-St-Zip: MIAMI, FL 33136 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE D. MCKHAM

D

07/21/2008

Electronic Signature of Signing Officer or Director

_____ Date